

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000001149

1. Entity Name
TUSKAWILLA EXECUTIVE CENTRE, LLC



FILED

06 OCT 17 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

~~2604 WHARTON CIR.~~
~~TALLAHASSEE, FL 32312~~

Mailing Address

~~P.O. BOX 15361~~
~~TALLAHASSEE, FL 32317-5361~~

2. Principal Place of Business

1030 SPRING VILLAS POINT

3. Mailing Address

P.O. BOX 4658

Suite, Apt. #, etc.

2ND FLOOR

Suite, Apt. #, etc.

10162006

Chg-LLC

CR2E083 (11/05)

City & State

WINTER SPRINGS, FL

City & State

WINTER PARK, FL

4. FEI Number 20-5236982

NOT APPLICABLE

Applied For

Not Applicable

Zip

32708

Country

USA

Zip

32793

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~KUHLMANN, J.H.~~
~~2604 WHARTON CIR.~~
~~TALLAHASSEE, FL 32312~~

7. Name and Address of New Registered Agent

Name
RAMSEY W. DYLIN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

201 E. PINE STREET

SUITE 425

City

ORLANDO

FL

Zip Code

32801

8. The above named party submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

RAMSEY W. DYLIN

(NOTE: Registered Agent signature required when reinstating)

10/16/06

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE ~~MGRM~~ ☒ Delete
NAME ~~KUHLMANN, JOHN H~~
STREET ADDRESS ~~2604 WHARTON CIRCLE~~
CITY-ST-ZIP ~~TALLAHASSEE, FL 32312~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME JEFFREY A. KAISER
STREET ADDRESS 1030 SPRING VILLAS POINT, 2ND FLOOR
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JEFFREY A. KAISER MGRM (407) 678-0204

Date

Daytime Phone #