


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L03000001149 1. Entity Name TUSKAWILLA EXECUTIVE CENTRE, LLC	
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Principal Place of Business 1030 SPRING VILLAS POINT, 2ND FLOOR WINTER SPRINGS, FL 32708	Mailing Address P.O. BOX 4658 WINTER PARK, FL 32793
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DO NOT WRITE IN THIS SPACE



03212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5236982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DULIN, RAMSEY W ESQ.
201 E. PINE STREET, SUITE 425
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

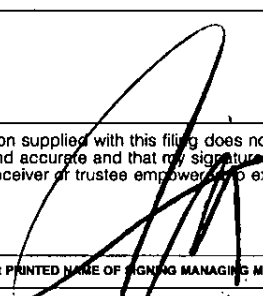
000000882725
04/16/08-80053-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KAISER, JEFFREY A 1030 SPRING VILLAS POINT, 2ND FLOOR WINTER SPRINGS, FL 32708
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IN THIS SPACE**

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:  **4/03/08 (407) 678-0204**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #