

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000006212

**FILED**  
**Apr 06, 2005**  
**Secretary of State**

**Entity Name:** TIERRA VERDE PARTNERS, LLC

**Current Principal Place of Business:**

1535 NORTH PARK DRIVE, SUITE 103  
WESTON, FL 33326

**New Principal Place of Business:**

1301 SHOTGUN ROAD  
WESTON, FL 33326

**Current Mailing Address:**

1535 NORTH PARK DRIVE, SUITE 103  
WESTON, FL 33326

**New Mailing Address:**

521 MANDALAY AVE  
802  
CLEARWATER BEACH, FL 33767

**FEI Number:** 74-3079704

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BICZ, MARGARET  
722 PINELLAS BAY WAY #107  
TIERRA VERDE, FL 33715 US

**Name and Address of New Registered Agent:**

BICZ, MARGARET  
521 MANDALAY AVE  
802  
CLEARWATER BEACH, FL 33767 US

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.

SIGNATURE:

04/06/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: BICZ, MARGARET C MS.  
Address: 722 PINELLAS BAYWAY #107  
City-St-Zip: TIERRA VERDE, FL 33715 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BICZ, MARGARET C MS.  
Address: 521 MANDALAY AVE, SUITE 802  
City-St-Zip: CLEARWATER BEACH, FL 33767 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARGARET C. BICZ

MGR

04/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date