2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 05, 2007 08;00 A Secretary of State

	INJENIT	#1	03000006549
1 16 36 7	$IIV/I \rightarrow IVII$	ш і	113111111111111111111111111111111111111

1. Entity Name
TND BUILDINGS, LLC



Principal Place of Business

5346 S.W. 91ST TERRACE GAINESVILLE, FL 32608

Mailing Address

5346 S.W. 91ST TERRACE GAINESVILLE, FL 32608



03122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For		
25-1904023	_	Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COFFEY, C. DAVID 5346 S.W. 91ST TERRACE GAINESVILLE, FL 32608

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ons of registered agent.	iging its registered office or registered agent, or bo	th. in the State of Florida. I am familiar with, and accept	
Signature: Signature, typed or printed name of registered agent and title if applicable (NOTE: Reg		(NOTE: Registered Agent signature required when reinstating)	DTE: Registered Agent signature required when reinstating) DATE	
Fi Di	ling Fee is \$50.00 ue by May 1, 2007			
9	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	COFFEY, C. DAVID		000000690918 .04/12/07-80010-003 50.00	
STREET ADDRESS CITY-ST-ZIP	5346 SW 91 ST TERR. GAINESVILLE, FL 32608		.04/12/07-80010-003 50.00	
	GAINESVILLE, FL 32000			
TITLE NAME			·	
STREET ADDRESS				
CITY-ST-ZIP		1		
TITLE				
NAME				
STREET ADDRESS		l no	NOT WRITE	
CITY-ST-ZIP			NOI WRITE	
TITLE		IN -	THIS SPACE	
NAME		"	I IIIO OI AOL	
STREET ADDRESS				
CITY-ST-ZIP	.1			
TILE	·1	`		
NAME CTREET ADDRESS	Manager Contractions			
	iorida Dematriconfor Vitation Información con vita de	l l	,	
TITLE	Limite Days Hardat as Mor.		•	
NAMETY AND	and the		1	
STREET ADDRESS	JONI OBILLA AMBLIKANANIA AMBANGA LAN	· 医环状腺素 经收益 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	本格·李尔达·李尔达·李林林林林林林 在 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
CITY_ST_7ID				

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Fforida 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

ME OF SIGNING MANAGING NE

OR AUTHOUZED REPRESENTATIVE

4-3-07

(352) 335-8442

Daytime Phone #

. David Coffey, Managing Member