


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000007640

1. Entity Name
TAPESTRY PARK NORTH, LLC



| | |
|---|---|
| Principal Place of Business 454 WAHOO RD PANAMA CITY BEACH FL 32408 | Mailing Address PO BOX 19555 PANAMA CITY BEACH FL 32417 |
|---|---|



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E083 (10/05)

4. FEI Number **13-4256727** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**TANNEY, MARK J
454 WAHOO RD
PANAMA CITY BEACH FL 32408**

7. Name and Address of New Registered Agent

Name _____

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

City **FL** Zip Code _____

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 resigning) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TAPESTRY PARK LAND COMPANY 454 WAHOO RD PANAMA CITY BEACH FL 32408 <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000000502493 04/25/06-80106-020 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TAPESTRY INVESTORS 344 W TURKEYFOOT LAKE RD AKRON OH 44319 <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CENTURY DEVELOPMENT 344 W TURKEYFOOT LAKE RD AKRON OH 44319 <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ **4/10/06 850-233-8419**