

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023935

FILED
Mar 31, 2006
Secretary of State

Entity Name: TIGER ENTERPRISES, LLC

Current Principal Place of Business:

1344 DEXTER RD.
NORTH PORT, FL 34288

New Principal Place of Business:

Current Mailing Address:

1344 DEXTER RD.
NORTH PORT, FL 34288

New Mailing Address:

FEI Number: 32-0083355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLATON, JAMES
1344 DEXTER RD.
NORTH PORT, FL 34288 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SLATON, JAMES
Address: 1344 DEXTER RD.
City-St-Zip: NORTH PORT, FL 34288

Title: MGRM () Delete
Name: SLATON, MIA
Address: 1344 DEXTER RD.
City-St-Zip: NORTH PORT, FL 34288

Title: MGRM () Delete
Name: WHEATLEY, LISA
Address: 2413 SONOMA DR.
City-St-Zip: NOKOMIS, FL 34275

Title: MGRM () Delete
Name: WHEATLEY, BRIAN
Address: 2413 SONOMA DR.
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JAMES SLATON

MGR

03/31/2006

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