

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000026837

1. Entity Name
TIDEWATER PROPERTIES, LLC



SECRETARY OF STATE
DIVISION OF CORPORATE AND BUSINESS REGISTRATIONS
05 DEC -8 AM 9:10

Principal Place of Business
5314 NW 9TH LANE
GAINESVILLE, FL 32605-4474 US

Mailing Address
527 TURKEY CREEK
ALACHUA, FL 32615 US

2. Principal Place of Business
527 TURKEY CREEK

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ALACHUA FLORIDA

City & State

4. FEI Number
20-0106434

Applied For
Not Applicable

Zip
32615

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

JONES, CAREY V
5314 NW 9TH LANE
GAINESVILLE, FL 32605-4474

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MILLER, BRIAN S MGRM
PO BOX 357665
GAINESVILLE, FL 326357665 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BRITTON A. JONES
527 TURKEY CREEK
ALACHUA, FL 32615 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEMBER
CAREY V. JONES
527 TURKEY CREEK
ALACHUA, FL 32615 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
000062019170
12/08/05--01049--006 **50.00 ☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
☐ Delete

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify 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 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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10-18-05

Date

386-462-0511

Daytime Phone #