

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT


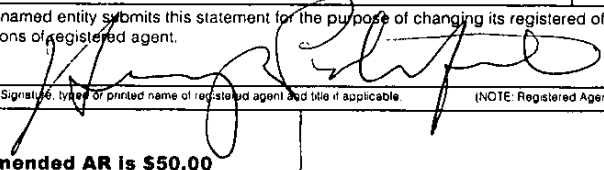
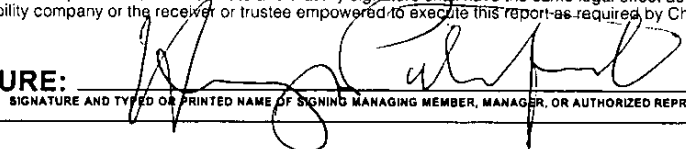
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2007 OCT 26 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10122007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000027408			
1. Entity Name TIFFANY SQUARE, LLC			
Principal Place of Business 311 DEL PRADO CAPE CORAL, FL 33990		Mailing Address PO BOX 152463 CAPE CORAL, FL 33915	
2. Principal Place of Business - No P.O. Box # 15248 S. Tamiami Trail		3. Mailing Address 15248 S. Tamiami Trail	
Suite, Apt. #, etc. #1000		Suite, Apt. #, etc. #1000	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33908	Country US	Zip 33908	Country US
4. FEI Number 61-1468856		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROEDER, RON 1625 SW 17TH PLACE CAPE CORAL, FL 33991		7. Name and Address of New Registered Agent Name Henry A. Porterfield Street Address (P.O. Box Number is Not Acceptable) 15248 S. Tamiami Trail #1000 City Fort Myers FL Zip Code 33908	
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  DATE 10/12/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
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	MGR ROEDER, RON <input checked="" type="checkbox"/> Delete 1625 SW 17TH PLACE CAPE CORAL, FL 33991	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Henry A. Porterfield <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15248 S. Tamiami Trail #1000 Fort Myers, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROEDER, CAROL L <input checked="" type="checkbox"/> Delete 1625 SW 17TH PLACE CAPE CORAL, FL 33991	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300111641723 11/02/07--01037--005 **50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 Chapter 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: 		239-415-9099 10/12/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	