

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029613

FILED  
Jan 13, 2005  
Secretary of State

**Entity Name:** TAG PROPERTY VENTURES, LLC

**Current Principal Place of Business:**

7775 NW 128TH AVENUE  
PARKLAND, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

7775 NW 128TH AVENUE  
PARKLAND, FL 33076

**New Mailing Address:**

**FEI Number:** 20-0146707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AUSTIN & PAYNE, P.A.  
11575 HERON BAY BOULEVARD  
SUITE 315  
CORAL SPRINGS, FL 33076 US

**Name and Address of New Registered Agent:**

FERGUSON, GLEN S  
7775 NW 128 AVE  
PARKLAND, FL 33076 US

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: GLEN FERGUSON

01/13/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MORR PROPERTIES, INC.,  
Address: 20760 WEST DIXIE HWY  
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM ( ) Delete  
Name: GSF GROUP, INC.,  
Address: 7775 NW 128TH AVENUE  
City-St-Zip: PARKLAND, FL 33076 US

**ADDITIONS/CHANGES:**

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 Section 119.07(3)(i), 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: GLEN FERGUSON

MGRM

01/13/2005

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