



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90208 005 ****55.00

DOCUMENT # L03000030323					
1. Entity Name TUCHER POND, LLC					
Principal Place of Business 6402 W. LINEBAUGH AVENUE, SUITE A TAMPA, FL 33625 US			Mailing Address 6402 W. LINEBAUGH AVENUE, SUITE A TAMPA, FL 33625 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> 01142004 Chg-LLC CR2E083 (10/03)  </div>					
4. FEI Number 06-1707098				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FELDMAN, DONNA J ESQ. 19321-C U.S. HIGHWAY 19 NORTH 103 CLEARWATER, FL 33764			Name <u>Donna J. Feldman P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>19321-C U.S. Highway 19 North #103</u> City <u>Clearwater</u> FL Zip Code <u>33762</u>		
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 <u>Donna J. Feldman</u> <small>(Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			DATE <u>1/19/04</u>		
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERCAW DEVELOPMENT GROUP, INC. 6402 W. LINEBAUGH AVENUE, SUITE A TAMPA, FL 33625	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERCAW DEVELOPMENT GROUP 6402 W Linebaugh Ave Ste A Tampa FL 33625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERCAW DEVELOPMENT GROUP 6402 W Linebaugh Ave Ste A Tampa FL 33625	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERCAW DEVELOPMENT GROUP 6402 W Linebaugh Ave Ste A Tampa FL 33625	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERCAW DEVELOPMENT GROUP 6402 W Linebaugh Ave Ste A Tampa FL 33625	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERCAW DEVELOPMENT GROUP 6402 W Linebaugh Ave Ste A Tampa FL 33625	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERCAW DEVELOPMENT GROUP 6402 W Linebaugh Ave Ste A Tampa FL 33625	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>[Signature]</u>		Date <u>1-22-04</u>		Daytime Phone # <u>8B-882-4815</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					