
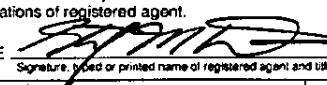



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90068 022 \*\*\*\*50.00

<b>DOCUMENT # L03000031701</b> 1. Entity Name <b>TIGER BAY GROUP, LLC</b>																													
Principal Place of Business <b>20725 S.W. 46TH AVENUE NEWBERRY, FL 32669</b>			Mailing Address <b>20725 S.W. 46TH AVENUE NEWBERRY, FL 32669</b>																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent  <b>HOLDEN, CHARLES I- 2772-S N.W. 43RD STREET GAINESVILLE, FL 32606</b>			7. Name and Address of New Registered Agent Name <b>Stefan M. Davis</b> Street Address (P.O. Box Number is Not Acceptable) <b>20725 S.W. 46th Avenue</b> City <b>Newberry</b> <b>FL</b> Zip Code <b>32669</b>																										
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 		4. FEI Number <b>43-2033587</b> 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																											
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGR</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WALLACE, HOWARD K</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4707 NW 53RD STREET, SUITE A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE, FL 32606</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	WALLACE, HOWARD K		STREET ADDRESS	4707 NW 53RD STREET, SUITE A		CITY-ST-ZIP	GAINESVILLE, FL 32606		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: 		4/26/04 352-377-2240																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													

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