## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L03000031701

1. Entity Name TIGER BAY GROUP, LLC



Mailing Address

Principal Place of Business 20725 S.W. 46TH AVENUE NEWBERRY, FL 32669

20725 S.W. 46TH AVENUE NEWBERRY, FL 32669

### **FILED** Apr 21, 2005 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

01112005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 43-2033587

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLDEN, CHARLES I 2772-S N.W. 43RD STREET

NAME STREET ADDRESS CITY-ST-ZIP

# DO NOT WRITE

GAINESVI	ILLE, FL 32606		IN	THIS SPACE
	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered	d office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered	Agent signature required when reinstating)	DATE
Fi D	lling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR WALLACE, HOWARD K 4707 NW 53RD STREET, SUITE A GAINSVILLE, FL 32606			000000322063 04/21/05-80102-024 50.00
STREET ADDRESS CITY-ST-ZIP			•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP				
TITLE	l .			

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.

111111

SIGNATURE:	114	NW		ŹŹ	TOWARY	K.Wal	1000
			E OF SIGNING MANA	GIA	NG MEMBER, OR AU	THORIZED REPRE	SENTATIVE

11

352-377-2240

Daytime Phone #