


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000040376 1. Entity Name TANGLEWOOD OF FLORIDA, LLC	
---	---

Principal Place of Business 141 WALL LAKE TRAIL MELROSE, FL 32666	Mailing Address 141 WALL LAKE TRAIL MELROSE, FL 32666
---	---



DO NOT WRITE IN THIS SPACE

07112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 90-0114373	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

**NEWELL, PAUL D
260A LAWRENCE BLVD.
KEYSTONE HEIGHTS, FL 32656**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

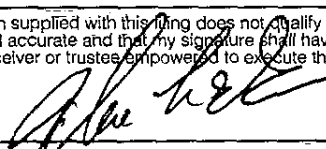
000000372612
07/13/05-80009-006 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHUROCK, THOMAS L 141 WALL LAKE TRAIL MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **7/11/05** **386-659-1441**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #