


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # L03000048669**

1. Entity Name  
**TIVOLI ENTERPRISES, LLC**



Principal Place of Business <b>945 MARINER DR.          KEY BISCAIYNE, FL 33149</b>	Mailing Address <b>945 MARINER DR.          KEY BISCAIYNE, FL 33149</b>
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**DO NOT WRITE IN THIS SPACE**



01022008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-1351315</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**B & C CORPORATE SERVICES, INC.  
 ONE BISCAIYNE TOWER, 21ST FL  
 2 SOUTH BISCAIYNE BLVD  
 MIAMI, FL 33131**

**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: **B & C CORPORATE SERVICES INC**      DATE: **01-05-08**

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000776298  
 01/09/08-80017-025 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LURIE VIRGIN, CONCEPCION 945 MARINER DR KEY BISCAIYNE, FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VIRGIN, CHARLES 945 MARINER DR KEY BISCAIYNE, FL 33149</b>
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**       DATE: **01-05-08**      DAYTIME PHONE #: **(305) 498-8742**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #