

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049039

FILED
Feb 07, 2004
Secretary of State

Entity Name: TIGHTLINE HOMES, LLC

Current Principal Place of Business:

14311 MOON FLOWER DRIVE
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

14311 MOON FLOWER DRIVE
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: 55-0854310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINDBERG, BRIDGET
14311 MOON FLOWER DRIVE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

KINDBERG, BRIDGET A
14311 MOON FLOWER DRIVE
TAMPA, FL 33626 US

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.

SIGNATURE: BRIDGET A. KINDBERG

02/07/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KINDBERG, BRIDGET
Address: 14311 MOON FLOWER DRIVE
City-St-Zip: TAMPA, FL 33626 US

Title: MGRM () Delete
Name: KINDBERG, DALE
Address: 14311 MOON FLOWER DRIVE
City-St-Zip: TAMPA, FL 33626 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KINDBERG, BRIDGET A
Address: 14311 MOON FLOWER DRIVE
City-St-Zip: TAMPA, FL 33626 US

Title: MGRM (X) Change () Addition
Name: KINDBERG, DALE E
Address: 14311 MOON FLOWER DRIVE
City-St-Zip: TAMPA, FL 33626 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRIDGET A. KINDBERG

MGRM

02/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date