



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90097 032 \*\*\*\*50.00

<b>DOCUMENT # L04000003377</b> 1. Entity Name <b>TOM TUCKER REALTY, L.L.C.</b>					
Principal Place of Business <b>1267 ROYAL OAK DUNEDIN, FL 34698</b>			Mailing Address <b>1267 ROYAL OAK DUNEDIN, FL 34698</b>		
2. Principal Place of Business <b>2032 BAYSHORE BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>2032 BAYSHORE BLVD</b> Suite, Apt. #, etc.			
City & State <b>DUNEDIN FL</b>		City & State <b>DUNEDIN FL</b>		4. FEI Number <b>04292005 Chg-LLC CR2E083 (10/03)</b>	
Zip <b>34698</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BATES, LONDON L ESQ 1245 COURT ST. STE 102 CLEARWATER, FL 33756</b>			7. Name and Address of New Registered Agent Name <b>THOMAS M TUCKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>2032 BAYSHORE BLVD</b> City <b>DUNEDIN FL</b> Zip Code <b>34698</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 <u><i>Thomas M Tucker</i></u> DATE <u>4/29/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		MGR THOMAS M TUCKER 2032 BAYSHORE BLVD DUNEDIN FL 34698	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Thomas M Tucker</i></u>			Date <u>4/29/05</u> Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					