2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000003912

1. Entity Name
TUFTED TITMOUSE TRAIL LLC

Principal Place of Business	Mailing Address
P.O. 180537	P.O. 180537
TALLAHASSEE, FL 32318	TALLAHASSEE, FL 32318

DO NOT WRITE IN THIS SPACE

04052006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
20-0597000		Not Applicable
5. Certificate of Status Desired	☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FLEISCHMAN, SCOTT D
3128 HAWKS LANDING DR
TALLAHASSEE, FL 32309

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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 May 1, 2006

U00000500103
04/25/06-80010-008 50.00

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGMR
NAME	FLEISCHMAN, SCOTT D
STREET ADDRESS	P.O. 180537
CITY-ST-ZIP	TALLAHASSEE, FL 32318
TITLE	MGMR
NAME	FLEISCHMAN, JULIE E
STREET ADDRESS	P.O. 180537
CITY-ST-ZIP	TALLAHASSEE, FL 32318
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	

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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: _Scott D Fleischman_   4/6/06   850-294-5732

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