

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000021298 1. Entity Name TLC PROPERTIES II OF ANNA MARIA, LLC	
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07252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1484597	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY, STE 300
TAMPA, FL 33637

**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 14, 2007

U000000771776
08/08/07-800008-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOLLETTE, THOMAS A 505 MAGNOLIA AVE ANNA MARIA, FL 34216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOLLETTE, CHRISTINE L 505 MAGNOLIA AVE ANNA MARIA, FL 34216
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

July 25, 2007 941-779-1888

Date

Daytime Phone #