

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90031 022 ****50.00

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1. Entity Name

TALLAHASSEE GUARANTEED LAND TRUST 29, LLC



Principal Place of Business

~~700 NORTHWEST 78TH AVENUE~~
PEMBROKE PINES FL 33024

Mailing Address

~~700 NORTHWEST 78TH AVENUE~~
PEMBROKE PINES FL 33024

2. Principal Place of Business

Suite, Apt. #, etc.

700 NW 78th AVE

City & State

Zip

Country

3. Mailing Address

att: D. Hall

Suite, Apt. #, etc.

700 NW 78th AVE

City & State

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLOTKIN, ROBERT J
2101 N. ANDREWS AVENUE
SUITE400
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
D. Hall
700 NW 78th AVE
Pembroke Pines FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pembroke Pines FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
D. Hall
700 NW 78th AVE
Pembroke pines FL 33024 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

D. Hall

D. Hall, A. Manager 27 April 2005

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

Date

Daytime Phone #