


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90036 004 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L04000039305</b><br>1. Entity Name<br><b>TRANQUILLITY PROPERTIES, L.L.C.</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>365 JAMES RIVER RD<br/>GULF BREEZE, FL 32561</b> | Mailing Address<br><b>365 JAMES RIVER RD<br/>GULF BREEZE, FL 32561</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



05012006 No Chg-LLC

CR2E083 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>56-2473475</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

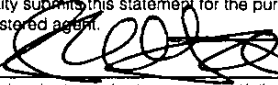
|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**GUPTA, SUNIL  
289 PLANTATION HILL ROAD  
GULF BREEZE, FL 32561**

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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.

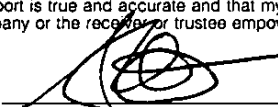
SIGNATURE  *note change of address 4/29/06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>GUPTA, SUNIL<br/>365 JAMES RIVER RD<br/>GULF BREEZE, FL 32561</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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:  *4/29/06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

## CGI Timeout

ATTACHMENT

20039163

~~#204000039305~~

The specified CGI application exceeded the allowed time for processing. The server has deleted the process.

unable to register and  
pay online - multiple attempts.

