

LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000040720

1. Entity Name
TIDEWAY GOLF VIEW, L.L.C.



FILED

05 AUG 23 AM 10: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1 HARGROVE GRACE, SUITE 1-B
PALM COAST, FL 32137

Mailing Address
1 HARGROVE GRACE, SUITE 1-B
PALM COAST, FL 32137

04-29-05 90059 001 \$50.00



2. Principal Place of Business

1 HARGROVE GRACE

Suite, Apt. #, etc.

Suite 1b

City & State

PALM COAST FL

Zip
32137

Country
USA

3. Mailing Address

1 HARGROVE GRACE

Suite, Apt. #, etc.

Suite 1b

City & State

PALM COAST FL

Zip
32137

Country
USA

04122005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHIUMENTO, MICHAEL D III
4 OLD KINGS ROAD NORTH, SUITE B
PALM COAST, FL 32137

7. Name and Address of New Registered Agent

Name

Weber, ALFRED R JR

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

1 HARGROVE GRACE Suite 1b

City

PALM COAST

FL

Zip Code

32137

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGR
WEBER, ALFRED R
STREET ADDRESS
1 HARGROVE GRACE, SUITE 1-B
CITY-ST-ZIP
PALM COAST, FL 32137

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1 HARGROVE GRACE Ste 1b

☒ Change

☐ Addition

TITLE
NAME
MGR
WEBER, ALFRED R JR.
STREET ADDRESS
1 HARGROVE GRACE, SUITE 1-B
CITY-ST-ZIP
PALM COAST, FL 32137

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1 HARGROVE GRACE Ste 1b

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WEBER Patrick
1 HARGROVE GRACE Suite 1b
PALM COAST FL 32137

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

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: X

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

Date

Daytime Phone #