
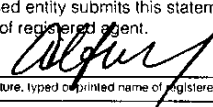
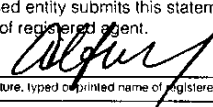
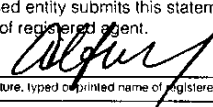
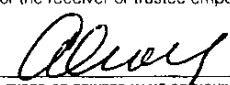


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90040 001 ****50.00

DOCUMENT # L04000040720																	
1. Entity Name TIDEWAY GOLF VIEW, L.L.C.																	
Principal Place of Business 1 HARGROVE GRADE, SUITE 1-B PALM COAST, FL 32137			Mailing Address 1 HARGROVE GRADE, SUITE 1-B PALM COAST, FL 32137														
2. Principal Place of Business 1440 N NOVA RD STE 305		3. Mailing Address 1440 N NOVA RD STE 305		Suite, Apt. #, etc.													
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04172006 Chg-LLC CR2E083 (11/05)													
City & State HOLLY HILL FL		City & State HOLLY HILL FL		4. FEI Number -APPLIED FOR 20-1210724													
Zip 32117		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required													
6. Name and Address of Current Registered Agent WEBER, ALFRED R JR 1 HARGROVE GRADE, SUITE 1-B PALM COAST, FL 32137			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="2">WEBER, ALFRED R JR</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="2">1440 N NOVA RD STE 305</td> </tr> <tr> <td style="padding: 2px;">City</td> <td>HOLLY HILL</td> <td>FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td colspan="2">32117</td> </tr> </table>			Name	WEBER, ALFRED R JR		Street Address (P.O. Box Number is Not Acceptable)	1440 N NOVA RD STE 305		City	HOLLY HILL	FL	Zip Code	32117	
Name	WEBER, ALFRED R JR																
Street Address (P.O. Box Number is Not Acceptable)	1440 N NOVA RD STE 305																
City	HOLLY HILL	FL															
Zip Code	32117																
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. <table style="width:100%;"> <tr> <td style="width:30%;">SIGNATURE </td> <td style="width:40%; text-align: center;">ALFRED R WEBER JR</td> <td style="width:30%; text-align: right;">4-30-06</td> </tr> <tr> <td style="font-size: small;">Signature, typed or printed name of registered agent and title if applicable.</td> <td style="font-size: small;">(NOTE: Registered Agent signature required when reinstating)</td> <td style="font-size: small;">DATE</td> </tr> </table>						SIGNATURE 	ALFRED R WEBER JR	4-30-06	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE						
SIGNATURE 	ALFRED R WEBER JR	4-30-06															
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		Make check payable to Florida Department of State															
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES														
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition													
NAME	WEBER, ALFRED R		NAME	1440 N NOVA RD STE 305													
STREET ADDRESS	1 HARGROVE GRADE, SUITE 1-B		STREET ADDRESS	HOLLY HILL FL 32117													
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	HOLLY HILL FL 32117													
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition													
NAME	WEBER, ALFRED R JR.		NAME	1440 N NOVA RD STE 305													
STREET ADDRESS	1 HARGROVE GRADE, SUITE 1-B		STREET ADDRESS	HOLLY HILL FL 32117													
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	HOLLY HILL FL 32117													
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition													
NAME	WEBER, PATRICK		NAME	1440 N NOVA RD STE 305													
STREET ADDRESS	1 HARGROVE GRADE, SUITE 1-B		STREET ADDRESS	HOLLY HILL FL 32117													
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	HOLLY HILL FL 32117													
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition													
NAME			NAME														
STREET ADDRESS			STREET ADDRESS														
CITY-ST-ZIP			CITY-ST-ZIP														
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NAME			NAME														
STREET ADDRESS			STREET ADDRESS														
CITY-ST-ZIP			CITY-ST-ZIP														
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: 			ALFRED R WEBER JR MGR														
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #														

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