

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90045 001 \*\*\*\*50.00

|   |                                      |                     |  |  |  |
|---|--------------------------------------|---------------------|--|--|--|
| <b>DOCUMENT # L04000043176</b><br>1. Entity Name<br><b>TIKI TIME PATIO, LLC</b>   |                                      |                     |  |  |  |
| Principal Place of Business<br><b>1338 NORTH FEDERAL HIGHWAY<br/>POMPAHO BEACH, FL 33062</b>  |                                      |                     | Mailing Address<br><b>2780 NE 34TH STREET<br/>LIGHTHOUSE POINT, FL 33064</b> |  |  |
| 2. Principal Place of Business  |                                      | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.   |                                      | Suite, Apt. #, etc. |  |  |  |
| City & State  |                                      | City & State        |  |  |  |
| Zip   | Country                              | Zip                 | Country  |  |  |
| 6. Name and Address of Current Registered Agent   |                                      |                     |  | 7. Name and Address of New Registered Agent  |  |
| <b>LEMKER-NOVAK, GRETCHEN L<br/>2780 NE 34TH STREET<br/>LIGHTHOUSE POINT, FL 33064</b>  |                                      |                     |  | Name<br><hr/> Street Address (P.O. Box Number is Not Acceptable)<br><hr/> City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                                      |                     |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by September 7, 2005</b>   |                                      |                     |  | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| 9. MANAGING MEMBERS / MANAGERS  |                                      |                     | 10. ADDITIONS / CHANGES  |  |  |
| TITLE   | MGR <input type="checkbox"/> Delete  |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | LEMKER-NOVAK, GRETCHEN L             |                     | NAME   |  |  |
| STREET ADDRESS  | 2780 NE 34TH STREET                  |                     | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   | LIGHTHOUSE POINT, FL 33064           |                     | CITY - ST - ZIP  |  |  |
| TITLE   | MGRM <input type="checkbox"/> Delete |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | NOVAK, JASON E                       |                     | NAME   |  |  |
| STREET ADDRESS  | 2780 NE 34TH STREET                  |                     | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   | LIGHTHOUSE POINT, FL 33064           |                     | CITY - ST - ZIP  |  |  |
| 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  |  |  |
| 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  |  |  |
| 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  |  |  |
| 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. |                                      |                     |  |  |  |
| <b>SIGNATURE:</b> <i>Gretchen Lemker-Novak</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |                                      |                     | Date <b>7/6/05</b> Daytime Phone # <b>954-782-8119</b>                       |  |  |

