

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L04000044866**

1. Entity Name  
**TAILGATE PROPERTIES, LLC**



Principal Place of Business  
**14095 S.W. 32ND TERRACE ROAD  
OCALA, FL 34473**

Mailing Address  
**PO BOX 366  
OXFORD, FL 34484**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**



03302006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**16-1704028**

Applied For  
Not Applied

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WILLIAMS, MABRY A  
14095 S.W. 32ND TERRACE ROAD  
OCALA, FL 34473**

**DO NOT WRITE  
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 \_\_\_\_\_

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**

000000515100  
04/29/06-80198-004 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	WILLIAMS, MABRY A
STREET ADDRESS	14095 S.W. 32ND TERRACE ROAD
CITY-STATE-ZIP	OCALA, FL 34473
TITLE	MGRM
NAME	WILLIAMS, CAROLYN E
STREET ADDRESS	14095 S.W. 32ND TERRACE ROAD
CITY-STATE-ZIP	OCALA, FL 34473
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

4/14/06

Daytime Phone #