#### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## ANY JU

FILED Jun 13, 2008 8:00 am Secretary of State

06-13-2008 90050 023 \*\*\*138.75

### DOCUMENT # L04000044866

1. Entity Name

TAILGATE PROPERTIES, LLC



Principal Place of Business

4757 CR 307

LAKE PANASOFFKEE, FL 33538

Mailing Address

4757 CR 307 /

LAKE PANASOFFKEE, FL 33538



04052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied ror
16-1704028	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

DO	NOT	<b>WRITE</b>	IN	THIS	<b>SPAC</b>	E
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6. Name and Address of Current Registered Agent

WILLIAMS, MABRY A 4157 CR 307

LAKE PANASOFFIKEE, FL 33538

## DO NOT WRITE IN THIS SPACE

8.	<ol> <li>The above named entity submits this statement for the purposa of changing its registered office or registered agent, or both, in the State of Florida.</li> </ol>	i am familiar with, and	d accept
	the obligations of registered agent.		

SIGNATURE

Signature, typed dispreted name of registered agent and late if applicable

(NOTE: Registered Agent signature required when renetating

OATE

#### FILE NOWILL FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	1
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, MÁBRY A 4757 CR 307 (2) LAKE PANASOFÉKEE, FL 33538	
TIFLE MAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, CAROLYNE E 4757 CR 307 LAKE PANASOFFKEE, FL 33538	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		
HILE NAME STREET ADDRESS CITY-ST-ZIP		
ITTLE NAME STREET ADDRESS CITY-SI-ZIP		
TIPLE		1

# 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 ceth; 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

NAME STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/8/08

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