2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000049979

1. Entity Name

TAVISTOCK FINANCIAL CENTER, LLC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

08 APR 25 AM 10: 47

Principal Place of Business

Mailing Address

9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786 US

9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786 US



03282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 33-1121963 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

407-909-9000

Daytime Phone #

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301

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6. The above the obligat	named entity submits this statement for the purpose of char- tions of registered agent.	iging its registered office or registered agent, or b	ooth, in the State of Florida. I am familiar with, and accept	ot
SIGNATURE		(NOTE: Registered Agent signature required when reinstating)	ored Agent signature required when renstating) DATE	
FiLE After May	: NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	04/	300125295063 /23/0801026006 **9463.75	
9.	MANAGING MEMBERS/MANAGERS			Т
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBRM TAVISTOCK FINANCIAL CENTER, INC. 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
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11. 1 hereby indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature subility company or the receiver or trustee amounted to exe	qualify for the exemptions contained in Chapter 1 hall have the same legal effect as if made under cute this report as required by Chapter 608, Flori	119, Florida Statutes. I further certify that the information oath; that I am a managing member or manager of the ida Statutes.	 า ∌

Jefferson R. Voss

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