

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

04-13-2005 90213 007 ****50.00

DOCUMENT # L04000051321			
1. Entity Name TI DONEGAN, LLC			
Principal Place of Business 1525 THE OAKS BOULEVARD KISSIMMEE, FL 32746		Mailing Address 1525 THE OAKS BOULEVARD KISSIMMEE, FL 32746	
2. Principal Place of Business 100 N John Young Pkwy Suite D Kissimmee FL 34741 Country USA		3. Mailing Address 100 N John Young Pkwy Suite D Kissimmee FL 34741 Country USA	
4. FEI Number 593571414		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOWMAN, WILLIAM R JR 1000 LEGION PLACE, STE. 1700 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
B. 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SEVEN T REALTY CORP. 1525 THE OAKS BOULEVARD KISSIMMEE, FL 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Seven T Realty Corp. 100 N. John Young Pkwy Suite D Kissimmee FL 34741 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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.			
SIGNATURE: <u>Julia Tattoli</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: <u>4/4/05</u> (407) Daytime Phone: <u>343-7872</u>	

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