## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 26, 2006 8:00 am Secretary of State

DOCUMENT # L04000056549  1. Entity Name THE TIDES 1003, LLC						04-26-2006 90024 046 ****50.00					
Principal Place of Business Mailing Address						MANOOAA					
2400 EAST COMMERCIAL BLVD. SUITE 820 FT. LAUDERDALE, FL 33308  2400 EAST COMMERCIAL BLV SUITE 820 FT. LAUDERDALE, FL 33308  FT. LAUDERDALE, FL 33308				<b>I.</b>		1 <b>18 3</b> 11 8 1	I BETTIL ETBIL BETTIL SOLET BE	AFII BRIBI BIIIB I	IIITI IIKII IITID II	TEI III ITEI	
2. Principal P	lace of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04182006	Chg-LLC	CR2E	083 (11/05)		
City & Stat	e	City & State				4. FEI Number 06-8583350			1	plied For t Applicable	
Zip	Country	Country Zip Co		try					\$5.00 Add Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
CLARK, THOMAS M					Strept Address (P.O. Box Number is Not Acceptable).						
2400 EAST COMMERCIAL BLVD. SUITE 820					6-166 NW S WAY						
FT. LAUDERDALE, FL 33308				City	et LAUDERIANE  FL Zipsoge 209						
8. The above named entity submits this statement for the pyrpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept									and accept		
the obligations of registered agent.  SIGNATURE Signstury, (yped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							14				
	iling Fee is \$50.00 ue by May 1, 2006					Make check payable to Florida Department of State					
9.	MANAGING MEMBE	ERS/MANAGERS	/MANAGERS 10.			ADDITIONS/CHANGES					
TITLE	MGRM	☐ Delete	TITLE						☐ Change	☐ Addition	
NAME	ZIRPOLI, MICHAEL		NAME	i i							
STREET ADDRESS CITY-ST-ZIP	2780 NE 7TH STREET POMPANO,BEACH, FL 33062			ET ADORESS -St-ZIP							
TITLE NAME	MGRM ZIRPOLI, CINDY ANN	☐ Delete	TITLE						☐ Change	Addition	
STREET ADDRESS	2780 NE 7TH STREET			ET ADDRESS							
CITY-ST-ZIP	POMPANO BEACH, FL 33062			-ST-ZIP							
TITLE		☐ Delete	TITLE						☐ Change	Addition	
NAME			NAME	i							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP							
TITLE	_	Delete	TITLE	- 1					☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREE	ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
TITLE		Delete	TITLE	- 1					Change	☐ Addition	
NAME STREET ADDRESS			NAME	ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
TITLE		☐ Delete	TITLE						☐ Change	Addition	
NAME	i		NAME	.							

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 the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMORY, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

Date/ Daytime Phone