

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90106 019 ****50.00

DOCUMENT # L04000068299					
1. Entity Name TIGON VENTURES, LLC					
Principal Place of Business 214 S. DILLARD STREET WINTER GARDEN, FL 32787			Mailing Address 214 S. DILLARD STREET WINTER GARDEN, FL 32787		
2. Principal Place of Business		3. Mailing Address P.O. Box 108			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Wintermere, FL			
Zip	Country	Zip 34786	Country USA	4. FEI Number 61-1475933	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FASSETT, LADD H 1325 WEST COLONIAL DRIVE ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name: FENN, Ronald E. Street Address (P.O. Box Number is Not Acceptable): 214 S. Dillard St. City: Winter Garden FL Zip Code: 34787		
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: <i>Ronald E. Fenn</i>		Signature typed or printed name of registered agent and title if applicable: Ronald E. Fenn, MGRM		DATE: 1-18-05	
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: MGRM NAME: FENN, RONALD E. STREET ADDRESS: 214 S. Dillard St. CITY-ST-ZIP: Winter Garden, FL 34787	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Ronald E. Fenn</i>		Signature typed or printed name of signing managing member, manager, or authorized representative: Ronald E. Fenn		Date: 1-18-05 Daytime Phone #: 407-654-0807	