

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90053 001 ****50.00

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1. Entity Name
TUSKAWILLA PROPERTIES, LLC



Principal Place of Business
**2039 NEW STONECASTLE TERRACE APT 105
WINTER PARK, FL 32792**

Mailing Address
**PO BOX 941223
MAITLAND, FL 32794**

2. Principal Place of Business - No P.O. Box #
1701 GRINNELL TERRACE
Suite, Apt. #, etc.

3. Mailing Address
1701 GRINNELL TERRACE
Suite, Apt. #, etc.



01102007 Chg-LLC CR2E083 (12/06)

City & State
WINTER PARK FL

City & State
WINTER PARK FL

4. FEI Number
57-1216637
Applied For
Not Applicable

Zip
32789
Country
USA

Zip
32789
Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, GAIL HILL
1701 GRIMMEL TERRACE
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1701 GRINNELL TERRACE
City
FL Zip Code

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SMITH, GAIL HILL
POST OFFICE BOX 941223
MAITLAND, FL 32794** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**1701 GRINNELL TERRACE
WINTER PARK FL 32789**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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 liability company or its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

(Signature and typed or printed name of signing managing member, manager, or authorized representative)

GAIL HILL SMITH

1/10/07

Daytime Phone #