2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000079368

1. Entity Name
TUSKAWILLA PROPERTIES, LLC

Principal Place of Business	Mailing Address
1701 GRINNELL TERRACE WINTER PARK, FL 32789	1701 GRINNELL TERRACE WINTER PARK, FL 32789

60002780

01172008 No Chg-LLC   CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
57-1216637	Not Applicable

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

---

6. Name and Address of Current Registered Agent

SMITH, GAIL HILL
1701 GRINNELL TERRACE
WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

---

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SMITH, GAIL HILL
STREET ADDRESS	1701 GRINNEL TERRACE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: _____ 1/17/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #