

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Sep 09, 2005 8:00 am
Secretary of State


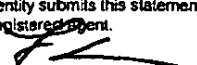
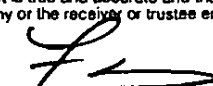
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08122005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000083763			
1. Entity Name TIFNIK BEACH, LLC			
Principal Place of Business 1201 GREY FOX HOLLOW DRIVE WINTER HAVEN, FL 33880		Mailing Address 1201 GREY FOX HOLLOW DRIVE WINTER HAVEN, FL 33880	
2. Principal Place of Business		3. Mailing Address 307 Pontotoc St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Auburndale FL	
Zip	Country	Zip 33823	Country
4. FEI Number 80-2145758		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LASMAN, JEFFREY M ESQ. C/O LASMAN LAW FIRM, P.A. 1210 MILLENNIUM PARKWAY BRANDON, FL 33511		7. Name and Address of New Registered Agent Name Fletcher McKinney Jr. Street Address (P.O. Box Number is Not Acceptable) 307 Pontotoc Street City Auburndale FL Zip Code 33823	
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 		DATE 8-15-05	
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKINNEY, FLETCHER L JR. 1201 GREY FOX HOLLOW DRIVE WINTER HAVEN, FL 33880 <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	MGRM MCKINNEY, NANCY D 1201 GREY FOX HOLLOW DRIVE WINTER HAVEN, FL 33880 <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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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
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: 		DATE 8-15-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	