

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90147 024 \*\*\*\*50.00

**DOCUMENT # L04000083763**

1. Entity Name  
**TIFNIK BEACH, LLC**



Principal Place of Business  
**1201 GREY FOX HOLLOW DRIVE  
WINTER HAVEN, FL 33880**

Mailing Address  
**307 PONTOTA ST  
AUBURNDALE, FL 33823**

**60004400**



2. Principal Place of Business - No P.O. Box #

**4291 Old 9 Foot Rd**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 1440**  
Suite, Apt. #, etc.

01172007 Chg-LLC CR2E083 (12/06)

City & State  
**Eagle Lake, FL**

City & State  
**Eagle Lake, FL**

4. FEI Number  
**20-2145758**

Applied For  
Not Applicable

Zip Country  
**33839 USA**

Zip Country  
**33839 USA**

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

6. Name and Address of Current Registered Agent

**MCKINNEY, FLETCHER JR  
307 PONTOTA ST  
AUBURNDALE, FL 33823**

**4291 Old 9 Foot Rd  
Eagle Lake, FL  
33839**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 **MGRM** ☐ Delete  
NAME **MCKINNEY, FLETCHER L JR.**  
STREET ADDRESS **1201 GREY FOX HOLLOW DRIVE**  
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE **MGRM** ☐ Delete  
NAME **MCKINNEY, NANCY D**  
STREET ADDRESS **1201 GREY FOX HOLLOW DRIVE**  
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **mgrm** ☒ Change ☐ Addition  
NAME **McKinney Fletcher L. JR**  
STREET ADDRESS **4291 Old 9 Foot Rd**  
CITY-ST-ZIP **Eagle Lake, FL 33839**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **McKinney Nancy D**  
STREET ADDRESS **4291 Old 9 Foot Rd**  
CITY-ST-ZIP **Eagle Lake, FL 33839**

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

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

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

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

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:**

*[Signature]*

**1/17/07**

**863-206-1482**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #