

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000085363

1. Entity Name
TALL PINES INDUSTRIAL PARK, L.L.C.



Principal Place of Business
5915 PONCE DE LEON BLVD., SUITE 60
CORAL GABLES, FL 33146

Mailing Address
5915 PONCE DE LEON BLVD., SUITE 60
CORAL GABLES, FL 33146



01092007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2020566

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENDER, HARRY K
BENDER, BENDER & CHANDLER, P.A.
5915 PONCE DE LEON BLVD., SUITE 60
CORAL GABLES, FL 33146

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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 _____

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

000000593185
01/22/07-80020-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARZANO, PATRECK 5915 PONCE DE LEON BLVD., SUITE 60 CORAL GABLES, FL 33146
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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: _____

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

Date

Daytime Phone #

John R. Marzano

954

1/12/07 543-9800