

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092879

Entity Name: TIDES C5K, LLC

FILED
Apr 08, 2006
Secretary of State

Current Principal Place of Business:

% ADAM R. SCHIFFMAN, P.A.
2999 N.E. 191 STREET, SUITE 900
AVENTURA, FL 33180

New Principal Place of Business:

1833 S. OCEAN DRIVE
STE 907
HALLANDALE, FL 33009

Current Mailing Address:

% ADAM R. SCHIFFMAN, P.A.
2999 N.E. 191 STREET, SUITE 900
AVENTURA, FL 33180

New Mailing Address:

1833 S. OCEAN DRIVE
STE 907
HALLANDALE, FL 33009

FEI Number: 20-2996985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIFFMAN, ADAM R ESQUIRE
2999 N.E. 191ST STREET, SUITE 900
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

TYLEVICH, MIKHAIL
1833 S. OCEAN DRIVE
STE 907
HALLANDALE, FL 33009 US

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.

SIGNATURE: MIKHAIL TYLEVICH

04/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TYLEVICH, MIKHAIL
Address: 2999 N.E. 191 STREET, SUITE 900
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TYLEVICH, MIKHAIL
Address: 1833 S. OCEAN DRIVE, STE 907
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MIKHAIL TYLEVICH

MGR

04/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date