

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90135 014 ****55.00

DOCUMENT # L05000018879					
1. Entity Name TUNDRA PROPERTIES, LLC					
Principal Place of Business 13095 KEYSTONE TERRACE - ISLAND #5 NORTH MIAMI BEACH, FL 33181			Mailing Address 13095 KEYSTONE TERRACE - ISLAND #5 NORTH MIAMI BEACH, FL 33181		
2. Principal Place of Business 16850 Collins Avenue Suite, Apt. #, etc. Suite 113F		3. Mailing Address 16850 Collins Avenue Suite, Apt. #, etc. Suite 113F			
City & State Sunny Isles Beach, Florida Zip 33160		City & State Sunny Isles Beach, Florida Zip 33160		4. FEI Number 68-0602995	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MORROW, JUSTIN 13095 KEYSTONE TERRACE - ISLAND #5 NORTH MIAMI BEACH, FL 33181				7. Name and Address of New Registered Agent Name <u>Justin Morrow</u> Street Address (P.O. Box Number is Not Acceptable) 19280 SW 62nd Street City <u>Pembroke Pines</u> FL Zip Code <u>33332</u>	
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 <u>Justin Morrow, MGRM</u> 2/25/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORROW, JUSTIN 13095 KEYSTONE TERRACE - ISLAND #5 NORTH MIAMI BEACH, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORROW, JUSTIN 16850 Collins Ave, Suite 113F Sunny Isles Beach, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCIANO, RAFAEL 13095 KEYSTONE TERRACE - ISLAND #5 NORTH MIAMI BEACH, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCIANO, RAFAEL 16850 Collins Ave, Suite 113F Sunny Isles Beach, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORROW, RANDY J 1919 GOLF VIEW DRIVE RIVER FALLS, WI 54022	<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 MORROW, KATHY M 1919 GOLF VIEW DRIVE RIVER FALLS, WI 54022	<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
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 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: <u>Justin Morrow, MGRM</u>			2/25/06		(407) 921-8831
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>