

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90418 046 \*\*\*\*50.00

<b>DOCUMENT # L05000021363</b>					
<b>1. Entity Name</b> TUCKAHOE, LLC					
<b>Principal Place of Business</b> C/O LYNN W. FROMBERG 18901 N.E. 29TH AVE., SUITE 100 AVENTURA, FL 33180			<b>Mailing Address</b> C/O LYNN W. FROMBERG 18901 N.E. 29TH AVE., SUITE 100 AVENTURA, FL 33180		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02212006    Chg-LLC    CR2E083 (11/05)	
<b>4. FEI Number</b> 20-3128008				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> DADE COUNTY CORPORATE AGENTS, INC. 18901 N.E. 29TH AVENUE, SUITE 100 AVENTURA, FL 33180			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> FROMBERG, LYNN W 18901 N.E. 29TH AVENUE, SUITE 100 AVENTURA, FL 33180	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> FROMBERG, RHONA S 18901 N.E. 29TH AVENUE, SUITE 100 AVENTURA, FL 33180	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 2/20/06					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

ATTACHMENT

~~30002567~~  
~~#L05000021363~~

**Fromberg, Perlow & Kornik, P.A.**

Attorneys at Law  
18901 NE 29th Avenue  
Suite 100  
Aventura, Florida 33180

Lynn W. Fromberg  
Board Certified in Tax Law

Telephone: (305) 933-2000  
Telefax: (305) 936-0101

March 10, 2006

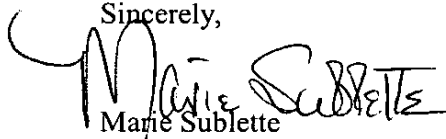
Florida Department of State  
Division of Corporations  
Annual Reports Section  
PO Box 6478  
Tallahassee, FL 32314

Re: Tuckahoe, LLC  
Reference Number: L05000021363

Gentlemen:

Pursuant to your advice, enclosed is 2006 Limited Liability Company Annual Report for the above-referenced. We have added the FEI number, that being 20-3128008.

Sincerely,



Marie Sublette  
Secretary to Lynn W. Fromberg

/ms  
Enclosure