# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 01, 2006**
**Secretary of State**

DOCUMENT# L05000026955

**Entity Name:** TAHOE DEVELOPMENT L.L.C.

**Current Principal Place of Business:**

611 S. FT. HARRISON AVE
133
CLEARWATER, 33756

**New Principal Place of Business:**

PO BOX 15722
CLEARWATER, FL 33766

**Current Mailing Address:**

611 S. FT. HARRISON AVE
133
CLEARWATER, 33756

**New Mailing Address:**

PO BOX 15722
CLEARWATER, FL 33766

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

STONE, MICHAEL
611 S. FT. HARRISON AVE
133
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

KILGO, ROBERT
PO BOX 15722
CLEARWATER, FL 33766 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: ROBERT KILGO 05/01/2006
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: STONE, MICHAEL
Address: 611 S. FT. HARRISON #133
City-St-Zip: CLEARWATER, FL 33756

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: KILGO, ROBERT
Address: PO BOX 15722
City-St-Zip: CLEARWATER, FL 33766

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: ROBERT KILGO MGR 05/01/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date