

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90179 035 ****50.00

DOCUMENT # L05000040328

1. Entity Name
 TOMTOO, LLC



Principal Place of Business: 8889 PELICAN BAY BOULEVARD, SUITE 400 NAPLES, FL 34108
 Mailing Address: 8889 PELICAN BAY BOULEVARD, SUITE 400 NAPLES, FL 34108

2. Principal Place of Business: 9010 STRADA STELL CT SUITE 205
 3. Mailing Address: 9010 STRADA STELL CT SUITE 205



01102006 Chg-LLC CR2E083 (11/05)

City & State: NAPLES FL
 Zip: 34109 Country: USA
 4. FEI Number: Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHUR, BARBARA B
 8889 PELICAN BAY BOULEVARD, SUITE 400
 NAPLES, FL 34108

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable): 9010 STRADA STELL COURT #205
 City: NAPLES FL Zip Code: 34109

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: *Barbara B. Chur* DATE: 2/17/06

Filing Fee is \$50.00
Due by May 1, 2006

(NOTE: Registered Agent signature required when reinstating)

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANAGING MEMBER
STREET ADDRESS	BARBARA B. CHUR
CITY - ST - ZIP	9010 STRADA STELL CT. #205 NAPLES FL 34109
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: *Barbara B. Chur* DATE: 2/17/06 DAYTIME PHONE #: 239-254-2400