

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90119 001 ****50.00

EPDVNF0U!\$ L05000043793 2/ Entity Name TAMIAMI TRAIL #1, L.L.C.					
Principal Place of Business 13921 TAMIAMI TRAIL FORT MYERS, FL 33912			Mailing Address 13921 TAMIAMI TRAIL FORT MYERS, FL 33912		
3/ Principal Place of Business - No P.O. Box #		4/ Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5/ FEI Number 20-3354299	
				6/ Certificate of Status Desired <input type="checkbox"/> %6/11 Beejipobm Gf ISf r vj e	
7/ Obn f lboelBee f t t lpgDves ouSf hjt u f e lBhf ou RANDOLPH, MICHAEL D ESQ. 1619 JACKSON STREET FORT MYERS, FL 33901			8/ Obn f lboelBee f t t lpgD x ISf hjt u f e lBhf ou Name Michael D Randolph Street Address (P.O. Box Number is Not Acceptable) 2235 First street City Fort Myers FL 33901		
9/ The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when renewing)</small>				DATE 3/27/07	
Filing Fee is \$50.00 Due by May 1, 2007			Nbff d l f d l qzbzbrh up Gpajeb Ef qban foupg Tibuf		
20/ MANAGING MEMBERS/MANAGERS			21/ ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUTHERLIN, GEORGE 5675 WINTERTHUR RIDGE ATLANTA, GA 30328		<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"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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"/> Change <input type="checkbox"/> Addition		
22/ 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 606, Florida Statutes.					
T.JOBVUSF:			4-18-07 239-415-8600		
<small>T.JOBVUSF BOC/LZCFE P8 C8LPE C8NF PQT.HQCH N8OBHCH NFNCFS-N8OBHFS-IP8IBVU P8, FEISFC8FTFQ8UBWV</small>			<small>Date Daytime Phone #</small>		