

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # L05000044542

1. Entity Name
TYLER HOLDING LLC



Principal Place of Business
**P.O. BOX 780245
ORLANDO, FL 32878**

Mailing Address
**P.O. BOX 780245
ORLANDO, FL 32878**



01082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SEAGLE, JOSEPH E PA
501 E. SOUTH STREET, STE. B
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**U000000694370
04/17/07-80016-014 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT J BENSON INC P.O. BOX 780245 ORLANDO, FL 32878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JEROMARLI TRUST (03-20-84) PO BOX 291579 PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORANGE GROUP INVESTMENTS INC 2433 SHERBROOKE ROAD ORLANDO, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAMAR INVESTMENTS, LLC P.O. BOX 560237 ROCKLEDGE, FL 32956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Robert J Benson MGRM **APR 05 2007** **4077821069**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #