

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
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



04252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000927586
05/20/08-80113-005 138.75

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Robert J Benson 04-20-08 4077821069