

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000048749

1. Entity Name
TASMAN PROPERTIES LLC



Principal Place of Business
700 ELEVENTH STREET S.
PH 2
NAPLES, FL 34102-6777

Mailing Address
700 ELEVENTH STREET SOUTH, PH-2
NAPLES, FL 34102



03102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2840312

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 32301-1283

**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

U00000932221
05/22/08-80046-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FIELD-CORBETT, SAMUEL N
STREET ADDRESS	5 VICTORIA COURT, VICTORIA ROAD
CITY - ST - ZIP	DOUGLAS, ISLE OF MAN, U.K.,

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 TITLE OF PREPARED BY OR SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

3-17-08

239-289-6809

Date

Daytime Phone #