

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069234

FILED  
Apr 08, 2007  
Secretary of State

Entity Name: TAMARA WINDING RIVER, LLC

## Current Principal Place of Business:

SUITE 401, ONE LINCOLN PLACE  
1900 GLADES ROAD  
BOCA RATON, FL 33431

## New Principal Place of Business:

3345, BURNS ROAD  
SUITE 105  
PALM BEACH GARDENS, FL 33410

## Current Mailing Address:

SUITE 401, ONE LINCOLN PLACE  
1900 GLADES ROAD  
BOCA RATON, FL 33431

## New Mailing Address:

P.O.BOX 30425  
PAL BEACH GARDENS, FL 33420

FEI Number: 20-3110866

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

W. RODGERS MOORE, P.A.  
SUITE 401, ONE LINCOLN PLACE  
1900 GLADES ROAD  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

AMARNATH VEDERE  
3345, BURNS ROAD  
SUITE 105  
PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE: AMARNATH VEDERE

04/08/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: VEDERE, AMARNATH  
Address: 1900 GLADES ROAD, SUITE 401  
City-St-Zip: BOCA RATON, FL 33431

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: VEDERE, AMARNATH  
Address: 3345, BURNS ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AMARNATH VEDERE

MGR

04/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date