

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070291

Entity Name: TIGER ISLAND TAXIDERMY, LLC

FILED  
Aug 29, 2006  
Secretary of State

## Current Principal Place of Business:

2871 CR 347  
CEDAR KEY, FL 32625

## New Principal Place of Business:

2871 SW CR 347  
CEDAR KEY, FL 32625

## Current Mailing Address:

2871 CR 347  
CEDAR KEY, FL 32625

## New Mailing Address:

2871 SW CR 347  
CEDAR KEY, FL 32625

FEI Number: 59-5108743      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

ALLEN, CRICHTON M  
2871 CR 347  
CEDAR KEY, FL 32625      US

## Name and Address of New Registered Agent:

ALLEN, CRICHTON M  
2871 SW CR 347  
CEDAR KEY, FL 32625      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: CRICHTON M ALLEN

08/29/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: OWNE ( ) Change (X) Addition  
Name: ALLEN, CRICHTON M  
Address: 2871 SW CR 347  
City-St-Zip: CEDAR KEY, FL 32625

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: CRICHTON M ALLEN

OWNE

08/29/2006

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