

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070291

FILED
Apr 30, 2007
Secretary of State

Entity Name: TIGER ISLAND TAXIDERMY, LLC

Current Principal Place of Business:

2871 SW CR 347
CEDAR KEY, FL 32625

New Principal Place of Business:

Current Mailing Address:

2871 SW CR 347
CEDAR KEY, FL 32625

New Mailing Address:

FEI Number: 59-5108743 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

Title: MANA () Change (X) Addition
Name: ALLEN, TRACY A MANAGER
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 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: TRACY A ALLEN

MANA

04/30/2007

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