

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086303

FILED
Apr 24, 2009
Secretary of State

Entity Name: TIP LAND HOLDING IV, LLC

Current Principal Place of Business:

9350 CONROY WINDERMERE ROAD
WINDERMERE, FL 34786 US

New Principal Place of Business:

Current Mailing Address:

9350 CONROY WINDERMERE ROAD
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: MGRM () Delete
Name: TIP LAND HOLDING, LLC
Address: 9350 CONROY WINDERMERE ROAD
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGR () Delete
Name: PIERCY, TYLER V
Address: 9350 CONROY WINDERMERE ROAD
City-St-Zip: WINDERMERE, FL 34786 US

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: VOSS, JEFFERSON R
Address: 9350 CONROY WINDERMERE ROAD
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGR () Change (X) Addition
Name: KALISH, WAYNE
Address: 9350 CONROY WINDERMERE ROAD
City-St-Zip: WINDERMERE, FL 34786 US

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: JEFFERSON VOSS

MGR

04/24/2009

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