

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000089721**

1. Entity Name  
**SPRING TIDE INVESTMENTS XX, LLC**



Principal Place of Business  
**C/O THOMAS W. CAREY  
622 BYPASS DRIVE, SUITE 100  
CLEARWATER, FL 33764 US**

Mailing Address  
**C/O THOMAS W. CAREY  
622 BYPASS DRIVE, SUITE 100  
CLEARWATER, FL 33764 US**



04252007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3451206</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CAREY, THOMAS W  
622 BYPASS DRIVE  
SUITE 100  
CLEARWATER, FL 33764**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000757339  
05/23/07-80066-021 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAREY, THOMAS W 622 BYPASS DRIVE, SUITE 100 CLEARWATER, FL 33764
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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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04.30.07 727.799.3900