

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 24, 2007 8:00 am
Secretary of State

04-30-2007 90039 042 ****50.00

DOCUMENT # L05000089884 1. Entity Name TARVIN REAL ESTATE HOLDINGS, LLC																																									
Principal Place of Business 12853 BANYAN CREEK DRIVE FORT MYERS FL 33908			Mailing Address 12853 BANYAN CREEK DRIVE FORT MYERS FL 33908																																						
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																							
4. FEI Number <div style="text-align: center;">NO-T APPLICABLE</div>				Applied For <input type="checkbox"/> Not Applicable																																					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent ISLAND FINANCIAL SERVICES, INC 12853 BANYAN CREEK DRIVE FORT MYERS FL 33908																																					
7. Name and Address of New Registered Agent Name <u>Patricia Tarvin</u> Street Address (P.O. Box Number is Not Acceptable) <u>16191 Carver Gardens Dr.</u> City <u>St. Myers</u> FL Zip Code <u>33908</u>				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 <u>Patricia Tarvin</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)</small>																																					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007																																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> MGRM 1031 REVERSE EXCHANGE COMPANY LLC 12853 BANYAN CREEK DRIVE FORT MYERS FL 33908 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 1031 REVERSE EXCHANGE COMPANY LLC 12853 BANYAN CREEK DRIVE FORT MYERS FL 33908		<input checked="" type="checkbox"/> Delete															10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> TARVIN R.E. Holdings Patricia Tarvin 16191 CARVER GARDENS DR. F.T. MYERS - FL. 33908 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	TARVIN R.E. Holdings Patricia Tarvin 16191 CARVER GARDENS DR. F.T. MYERS - FL. 33908		<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.																																									
SIGNATURE: <u>Patricia Tarvin</u> <u>4-21-07</u> / <u>239-466-4409</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Company Phone #</small>																																									