

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000092351

1. Entity Name
MICCOSUKEE RESERVE, LLC



FILED

07 MAY -1 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1020 E. LAFAYETTE STREET STE 110
TALLAHASSEE, FL 32302

Mailing Address
PO BOX 930
TALLAHASSEE, FL 32302-0930

BK



04302007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
16-1732715

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRETT, DAVID A
1020 E. LAFAYETTE STREET STE 110
TALLAHASSEE, FL 32302

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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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BARRETT, DAVID A
1020 E. LAFAYETTE STREET STE 110
TALLAHASSEE, FL 32302

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE

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:

David A. Barrett

4/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #