

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000107381

1. Entity Name
TIDES JD 05, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 11 AM 11:40

Principal Place of Business
802 2ND STREET NORTH
SUITE A
SAFETY HARBOR, FL 34695

Mailing Address
802 2ND STREET NORTH
SUITE A
SAFETY HARBOR, FL 34695

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06022006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3745124

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEFMAN, MARGA
802 2ND STREET NORTH
SUITE A
SAFETY HARBOR, FL 34695

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
REAL ESTATE EXCHANGE SERVICES, INC.
802 2ND STREET NORTH
SAFETY HARBOR, FL 34695

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

JAMES P. DENTICI
7/3/06 414-333-6776

Date

Daytime Phone #