

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002209

Entity Name: TUCKER'S LANDING LLC

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

454 LAS GALLINAS AVENUE
#171
SAN RAFAEL, CA 94903 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6885
SAN RAFAEL, CA 94903 US

New Mailing Address:

FEI Number: 20-4650309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, JUDITH S
601 AVENUE H NE
CARRABELLE, FL 32322 US

Name and Address of New Registered Agent:

MILLER, JUDITH S
902 AVENUE H NE
CARRABELLE, FL 32322 US

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: JUDITH MILLER

01/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MILLER, JUDY
Address: 454 LAS GALLINAS AVENUE #171
City-St-Zip: SAN RAFAEL, CA 94903 US

Title: MGRM (X) Delete
Name: WALLACH, LEWIS
Address: 100 ROWLAND WAY, SUITE 115
City-St-Zip: NOVATO, CA 94945

Title: MEMB () Delete
Name: GOOD WORKS, INC.,
Address: 454 LAS GALLINAS AVENUE #171
City-St-Zip: SAN RAFAEL, CA 94903

ADDITIONS/CHANGES:

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

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

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

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: JUDITH MILLER

MGR

01/20/2009

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