
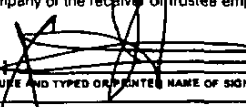


**FILED**  
**Jul 10, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90305 045 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L06000009227</b>					
1. Entity Name TIVOLI COURTY ARDS, LLC					
Principal Place of Business 215 NORTH FEDERAL HIGHWAY, SUITE 1 BOCA RATON, FL 33432			Mailing Address 215 NORTH FEDERAL HIGHWAY, SUITE 1 BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
B. 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.			Name		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			Street Address (P.O. Box Number is Not Acceptable)		
DATE _____			City		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
	James Batmasian	215 N. Federal Hwy	Boca Raton, Florida 33432		
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: 			DATE: 4/23/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE AND DAYTIME PHONE NUMBER		

30011609



01092007 Chg-LLC CR2E083 (12/06)

Applied For  
 Not Applicable

FL Zip Code

JAMES BATMASIAN / 4/23/07 561-392-  
 3920