


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000009227 1. Entity Name TIVOLI COURTY ARDS, LLC	
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FILED
08 MAR 21 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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DO NOT WRITE IN THIS SPACE

03052008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BATMASIAN, JAMES H 215 NORTH FEDERAL HIGHWAY, SUITE 1 BOCA RATON, FL 33432

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IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	NGR
NAME	BATMASIAN, JAMES
STREET ADDRESS	215 N FEDERAL HWY
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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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: _____ Date: 03/06/08

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