

**FILED**  
**Jun 13, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90420 023 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L06000012309**

1. Entity Name  
**TAS RIVERWALK, LLC**



Principal Place of Business  
**C/O GARY TASMAN  
13131 UNIVERSITY DRIVE  
FT. MYERS, FL 33907**

Mailing Address  
**C/O GARY TASMAN  
13131 UNIVERSITY DRIVE  
FT. MYERS, FL 33907**

**30010576**



2. Principal Place of Business - No P.O. Box #  
**13241 University Drive**

3. Mailing Address  
**13241 University Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302007 Chg-LLC CR2E083 (12/06)

City & State  
**Fort Myers, FL**

City & State  
**Fort Myers, FL**

4. FFI Number

Applied For  
☒ Not Applicable

Zip  
**33907**

Country

Zip  
**33907**

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TASMAN, GARY  
13131 UNIVERSITY DRIVE  
FT. MYERS, FL 33907**

Name  
**Bolanos Truxton, P.A.**

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

**12800 University Drive, Suite 350**

City **Fort Myers**

**FL**

**33907**

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

*Gary L. Tasman*

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
**MGR  
TASMAN, GARY  
13131 UNIVERSITY DRIVE  
FT. MYERS, FL 33907** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**13241 University Drive  
Fort Myers, FL 33907** ☒ Change ☐ Addition

TITLE  
NAME  
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CITY - ST - ZIP  
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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:

*GARY L. TASMAN 4/5/07 239-470-9646*

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

Date

Daytime Phone #