

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/11/2007-90197-024-\$50.00-\$50.00

DOCUMENT # L06000028696					
1. Entity Name TIDE.WAY.HOMES, LLC					
Principal Place of Business 1440 N NOVA RD SUITE 305 HOLLY HILL, FL 32117 US			Mailing Address 1440 N NOVA RD SUITE 305 HOLLY HILL, FL 32117 US		
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	04272007 Chg-LLC CR2E083 (12/06)	
4. FEI Number APPLIED FOR				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04272007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent WEBER, ALFRED R JR 1440 N NOVA RD STE 305 HOLLY HILL, FL 32117			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: _____ (NOTE: Registered Agent signature required when remitting) 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	MGRM WEBER, ALFRED R SR 1440 N NOVA RD STE 305 HOLLY HILL, FL 32117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBER, ALFRED R JR 1440 N NOVA RD STE 305 HOLLY HILL, FL 32117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBER, PATRICK 1440 N NOVA RD STE 305 HOLLY HILL, FL 32117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIN, JOHN 1440 N NOVA RD STE 305 HOLLY HILL, FL 32117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:		Alfred Weber		4/20/07 386-255-0987	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					