2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

ANNUAL REPORT						, , , , , , , , , , , , , , , , , , ,			
DOCUMENT #`L06000028696` \ 1. Entity Name TIDE WAY HOMES; LLC					ZUISEP CO PM 2: 01				
					1				
Principal Place of Business Mailing Address					SECLETARY LIGHTAGE TALL VISISSEF, FLORIDA				
1440 N NOVA RD Suite 305		1440 N NOVA RD Suite 305							
HOLLY HILL,	FL 32117 US	HOLLY HILL, FL 32117 US			1 102 (2011 910	FAUT DIEN FERN EINE FERN	3301 MB21 2368 3668 1868	D31 2 83 101 12 D3	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272007	Chg-LLC	CR2E083 (12/06)	
City & State		City & State			4. FEI Numbe	PIED FOR	 1 1 	Applied For	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	☐ \$5.00 Ac	ditional	
	6. Name and Address of Current Registered Agent		<u> </u>	7. Name and	Address of New Re	Fee Requir	ed		
MEDED ALEDED D. D.				Name			·		
WEBER, ALFRED R JR (本) 2 1440 N NOVA RD (表) STE 305			Street Address (P.O. Box Number is Not Acceptable)						
HOLLY HI	LL, FL 32117			·					
	· ·	_		City			FL Zip Co		
 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									
Signature. Typed or printed name of registered agent and trie if applicable. (NOTE: Registered Agent signature required when remissaling) DATE The state of the									
Filing Fee is \$50.00 Due by May 1, 2007						Florida	check payable to Department of Sta	te	
9.	MANAGING MEMBI	ERS/MANAGERS	10.		5	ADDITIONS/0		e Tribella	
TILE			1910			-	☐ Change	Addition	
STREET ADDRESS	WEBER, ALFRED R SR 1440 N NOVA RD STE 305		MAM STRE	E Et address					
CITY-ST-ZIP	HOLLY HILL, FL 32117			-SI-ZIP					
TITLE			11111	3			☐ Change	☐ Addition	
NAME STREET ADDRESS	WEBER, ALFRED R JR 1440 N NOVA RD STE 305		NAM Stipe	E ET ADDRESS					
CITY-ST-ZIP	HOLLY HILL, FL 32117			-ST-ZIP				1	
TITLE	MGRM	☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS	WEBER, PATRICK 1440 N NOVA RD STE 305		NAM	E ADDRESS					
CITY-ST-ZIP	HOLLY HILL, FL 32117			-SI-ZIP					
NTLE	MGRM	☐ Delete	TITLE				Change	Addition	
NAME	MARIN, JOHN		NAM						
STREET ADDRESS CATY-ST-ZIP	HOLLY HILL, FL 32117			FT ADDRESS -ST-ZIP					
TITLE		☐ Delete	HFLE				☐ Change	Addition	
NAME			NAM	j j					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP					
TITLE		☐ Defete	TITLE				☐ Change	Addition	
NAME			MAM	- F				_	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP					
11. I hereby o	I certify that the information supplied with	h this filing does not qualify to	r the exe	mptions contained	in Chapter 119, F	Florida Statutes, I furt	her certily that the infe	ormation	
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 fimited liability company or the receiver at true									
SIGNATURE: - 17/1/1/ 4500 (1)0 Dec 4/20/07 386-755-0889									
SIGNATURE: SIGNATURE AND TYPED-OR PROTECT HAMBOT SIGNING MAHAGING MEMBER, MAHAGER, OR AUTHORIZED REPRESENTATIVE DOME DEPTING PROTECT P									