FILED
Apr 27, 2007 8:00 am
Secretary of State

04-06-2007 90288 001 ***200.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/6/

DOCUMENT # L06000076537

1. Entity Name
TOMIKO PROPERTIES I, LLC

Principal Place of Business	Mailing Address
5057 GUERNSEY RD. PACE, FL 32571	5057 GUERNSEY RD. PACE, FL 32571

04042007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		P O Box 2266	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Pace FL	
Zip	Country	Zip: 32571	Country: USA

4. FEI Number: 20-5373861 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, CHARLES M
5057 GUERNSEY RD.
PACE, FL 32571

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 ______________________
Signature, typed or printed name of registered agent and title 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		Delete	10. ADDITIONS/CHANGES		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Charles M. Thomas PO Box 2266 Pace FL 32571	☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	☐
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	☐

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: Charles M Thomas 4/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #