2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# L06000096735

Entity Name: 5051 TIDEVIEW, LLC

Current Principal Place of Business:

1456 CHAPMAN CIRCLE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1456 CHAPMAN CIRCLE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 20-5653293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMALLEY & COMPANY, P.L.
1517 E HILLCREST STREET
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BACKES, GLENN J
Address: 1456 CHAPMAN CIRCLE
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BACKES, GLEN
Address: 1456 CHAPMAN CIRCLE
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM ( ) Change (X) Addition
Name: FRAHM, LARAINE
Address: 3208 E. COLONIAL DRIVE #193
City-St-Zip: ORLANDO, FL 32789

Title: MGRM ( ) Change (X) Addition
Name: FRAHM, ANTON P
Address: 3208 E.COLONIAL DRIVE #193
City-St-Zip: ORLANDO, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GLEN BACKES MGRM 01/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date