



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90188 009 \*\*\*138.75

DOCUMENT # L06000118684													
<b>1. Entity Name</b> TIGER EYE LONGBOAT HOLDINGS, LLC													
<b>Principal Place of Business</b> 7978 ROYAL BIRKDALE CIRCLE BRADENTON, FL 34202			<b>Mailing Address</b> 7978 ROYAL BIRKDALE CIRCLE BRADENTON, FL 34202										
<b>2. Principal Place of Business - No P.O. Box #</b> 1819 Main St		<b>3. Mailing Address</b> 1819 Main St.											
Suite, Apt. #, etc. #207		Suite, Apt. #, etc. Suite 207											
<b>City &amp; State</b> Sarasota, FL		<b>City &amp; State</b> Sarasota, FL											
<b>Zip</b> 34236		<b>Country</b> SARASOTA		04042008    Chg-LLC    CR2E083 (12/06)									
<b>4. FEI Number</b> APPLIED FOR		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Applied For</td> <td style="width: 50%; padding: 2px;">Not Applicable</td> </tr> </table>				Applied For	Not Applicable						
Applied For	Not Applicable												
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required		<b>6. Name and Address of Current Registered Agent</b> SCHLOTHAUER, WILLIAM G 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236											
<b>7. Name and Address of New Registered Agent</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">City</td> </tr> <tr> <td style="width: 50%; padding: 2px; text-align: center;">FL</td> <td style="width: 50%; padding: 2px;">Zip Code</td> </tr> </table>				Name		Street Address (P.O. Box Number is Not Acceptable)		City		FL	Zip Code
Name													
Street Address (P.O. Box Number is Not Acceptable)													
City													
FL	Zip Code												
<b>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.</b>													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>													
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>											
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>										
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	MOYER, GARY H		NAME										
STREET ADDRESS	1819 MAIN STREET SUITE 207		STREET ADDRESS										
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP										
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	COOK, KAREN		NAME										
STREET ADDRESS	1819 MAIN STREET SUITE 207		STREET ADDRESS										
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP										
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
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STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
<b>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.</b>													
<b>SIGNATURE:</b> _____ <span style="float: right;">4/22/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>													
<small>Date</small> _____ <small>Daytime Phone #</small> _____													