## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 16, 2008 8:00 am Secretary of State **DOCUMENT # L06000122371** 04-16-2008 90111 016 \*\*\*138.75 1. Entity Name TIOGA REALTY LLC Principal Place of Business Mailing Address 50003435 105 SW 128TH STREET P.O. BOX 13461 FIOGA, SUITE 200 GAINESVILLE, FL 32604 NEWBERRY, FL 32669 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01292008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4 FEL Number 20-8102334 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAZ, LUIS A Street Address (P.O. Box Number is Not Acceptable) 105 SW 128TH STREET TIOGA, SUITE 200 NEWBERRY, FL 32669 City Zip Code FL 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) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM THILE TITLE Change Addition TOWN OF TIOGA LLC NAME NAME STRLET ADDRESS 105 SW 128TH STREET, TIOGA, SUITE 200 STREET ADDRESS NEWBERRY, FL 32669 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HITLE MGR TITLE ☐ Chance ☐ Addition NAME DIAZ, LUIS NAME STREET ADDRESS 105 SW 128TH ST STE 200 STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TIOGA, FL 32669 MGR THILE ☐ Delete TITLE ☐ Change ☐ Addition MINCK, DEBORAH NAME NAME STREET ADDRESS 105 SW 128TH ST STE 200 STREET ADDRESS CITY-ST-ZIP TIOGA, FL 32669 CITY-ST-7IP MGR TITLE ☐ Delete TITLE □ Change **Addition** Diaz, Miguel 105 SW 128th St., Suite 200 NAME STREET ADDRESS STREET ADDRESS Troga, FL 32669 CITY-ST-ZIP CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change Addition Diaz, Anneliese NAME NAME 105 Sw 128th st., Suite 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**