## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jun 25, 2008 8:00 am Secretary of State 05-29-2008 90013 004 \*\*\*138.75

DOCUMENT # L0700008969  1. Erulty Name TICO DEVELOPMENT COMPANY, LLC					05-29-2008 90013 004 ***138.75				
Principal Plac 142 E. NEW DELAND, FL	YORK AVENUE	Mailing Address 142 E. NEW YORK AVE DELAND, FL 32724	142 E. NEW YORK AVENUE				3000		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01142008	Chg-LLC	CR2E083 (12/06)		
City & State		City & State			4. FEI Numl 20-83	ber 40712	<u> </u>	oplied For ot Applicable	
Zip	Country Zip Cou		ntry	Certificate of Status Desired					
	6. Name and Address of Curren	7. Name and Address of New Registered Agent Name							
PAUL, HAI 142 E. NE' DELAND,	W YORK AVENUE			P.O. Box Number is Not Acceptable)					
١.				City			E1 Zip Cod	9	
8. The above	named entity submits this statement i		ved edent or h	oth in the State of Flo	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 lamiliar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or crimed name of registered apent and lide if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
File After May	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.7					e check payable to Department of Stat	•		
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGRM PAUL, HARLAN L	Delete	FITL				☐ Change	☐ Addition	
STREET ADDRESS	142 E. NEW YORK AVENUE SIR			ET ADDRESS					
CITY-\$T-ZIP	DELAND, FL 32724	☐ Delete		-\$1-ZIP	<del></del>			C 1155	
NAME		LI Oceta	TITL				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP					
ITTLE	☐ Deleta TITL				<del></del>	<del></del>	Change	Addition	
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NAME		Delete	TOTAL NAM	t			Change	Addition ]	
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NAME STREET ADDRESS			RAM	•					
CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE NAME		☐ Deleta	THU				☐ Change	Addition	
STREET ADDRESS CITY-SI-ZIP				E Et adoress -st-zip					
11. I hereby certify that the information supplied with this Eing 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 accurateland that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the similar distribution of the product of the same legal effect as if made under cath; that I am a managing member or manager of the similar distribution of the same legal effect as if made under cath; that I am a managing member or manager of the similar distribution of the same legal effect as if made under cath; that I am a managing member or manager of the similar distribution of the same legal effect as if made under cath; that I am a managing member or manager of the same legal effect as if made under cath; that I am a managing member or manager of the same legal effect as if made under cath; that I am a managing member or manager of the same legal effect as if made under cath; that I am a managing member or manager of the same legal effect as if made under cath; that I am a managing member or manager of the same legal effect as if made under cath; that I am a managing member or manager of the same legal effect as if made under cath; that I am a managing member or manager of the same legal effect as if made under cath; that I am a managing member or manager of the same legal effect as if made under cath; that I am a managing member or manager of the same legal effect as if made under cath; that I am a managing member or manager of the same legal effect as if made under cath; that I am a managing member or manager of the same legal effect as if made under cath is the same legal effect as if made under cath is the same legal effect as if made under cath is the same legal effect as if made under cath is the same legal effect as if made under cath is the same legal effect as if made under cath is the same legal effect as if made under cath is the same legal effect									
SIGNATURE: 117/08 (384) 734-8020									
SIGNATURE:  ENGINATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  OAD  ONLITE Proper									