

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000054912

**Entity Name:** TIFFANY NORTH PORT, LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

404 FAWNS RUN  
MORGANVILLE, NJ 07751

**New Principal Place of Business:**

**Current Mailing Address:**

404 FAWNS RUN  
MORGANVILLE, NJ 07751

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSENBERG, DAVID H ESQ  
1626 RINGLING BOULEVARD FIFTH FL, STE 500  
SARASOTA, FL 34236 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:** MGR  
**Name:** FALCONE, CARMINE  
**Address:** 404 FAWNS RUN  
**City-St-Zip:** MORGANVILLE, NJ 07751

**Title:** MGR  
**Name:** FALCONE, CYNTHIA  
**Address:** 404 FAWNS RUN  
**City-St-Zip:** MORGANVILLE, NJ 07751

I hereby 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:** CARMINE FALCONE

MGR

01/04/2012

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