

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000069606

FILED
Jan 08, 2008
Secretary of State

Entity Name: TIDES LAW, LLC

Current Principal Place of Business:

1004 HIGHLAND MEADOWS DRIVE
WESTON, FL 33327

New Principal Place of Business:

3020 NE 32ND AVENUE
301
FT. LAUDERDALE, FL 33308

Current Mailing Address:

1004 HIGHLAND MEADOWS DRIVE
WESTON, FL 33327

New Mailing Address:

3020 NE 32ND AVENUE
301
FT. LAUDERDALE, FL 33308

FEI Number: 26-0513865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEGAUL & STOLL, P.A.
8751 W. BROWARD BOULEVARD
SUITE 404
PLANTATION, FL 33324 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: SIDWEBER, ROBERT W
Address: 1004 HIGHLAND MEADOWS DRIVE
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: WEINTRAUB, KAREN B
Address: 1004 HIGHLAND MEADOWS DRIVE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SIDWEBER, ROBERT W
Address: 3020 NE 32ND AVENUE, SUITE 301
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: MGRM (X) Change () Addition
Name: WEINTRAUB, KAREN B
Address: 3020 NE 32ND AVENUE, SUITE 301
City-St-Zip: FT. LAUDERDALE, FL 33308

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: KAREN WEINTRAUB

MS.

01/08/2008

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