


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90125 035 ***138.75

| | |
|---|---|
| DOCUMENT # L07000070367 1. Entity Name TIFFANY OAKS, LLC |  |
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|---|---|
| Principal Place of Business 1005 W. BUSCH BLVD. STE 103 TAMPA, FL 33612 | Mailing Address 1005 W. BUSCH BLVD. STE 103 TAMPA, FL 33612 |
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| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



| | | |
|---|---|-----------------|
| 01152008 | Chg-LLC | CR2E083 (12/06) |
| 4. FEI Number 26-1515707 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |

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|--|---|
| 6. Name and Address of Current Registered Agent SPRAGUE, PATRICK F 1904 E. BUSCH BLVD. TAMPA, FL 33612 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|--|--|
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State |
|---|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
|------------------------------|--|---------------------------------|--|-----------------------|--|---|--|
| TITLE | MGRM Weeks, B.J. 1005 W. Busch Blvd, Suite 103 Tampa FL 33612 | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | | | | CITY- ST- ZIP | | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | Todd, Harry L | | | NAME | | | |
| STREET ADDRESS | 1005 W. Busch Blvd. Suite 104 | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | Tampa FL 33612 | | | CITY- ST- ZIP | | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | Guy, Mary | | | NAME | | | |
| STREET ADDRESS | 10450 Tooke Lake Blvd | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | Weechi Watchee FL 33613 | | | CITY- ST- ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | | | | CITY- ST- ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | | | | 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 it 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: B.J. Weeks B.J. Weeks 1-16-08 813 961 6666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #