

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070367

FILED
Jan 07, 2009
Secretary of State

Entity Name: TIFFANY OAKS, LLC

Current Principal Place of Business:

1005 W. BUSCH BLVD. STE 103
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

1005 W. BUSCH BLVD. STE 103
TAMPA, FL 33612

New Mailing Address:

FEI Number: 26-1515707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRAGUE, PATRICK F
1904 E. BUSCH BLVD.
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

SPRAGUE, PATRICK F
1419 W. WATERS AVE.
SUITE 116
TAMPA, FL 33604 US

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:

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEEKS, BJ
Address: 10005 W BUSCH BLVD STE 103
City-St-Zip: TAMPA, FL 33612

Title: MGRM () Delete
Name: TODD, HARRY L
Address: 10005 W BUSCH BLVD STE 103
City-St-Zip: TAMPA, FL 33612

Title: MGRM () Delete
Name: GUY, MARY
Address: 10450 TOOKE LAKE BLVD
City-St-Zip: WEEKI WACHEE, FL 34613

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: TODD, HARRY L
Address: 10005 W BUSCH BLVD STE 106
City-St-Zip: TAMPA, FL 33612

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: B.J. WEEKS

MGRM

01/07/2009

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