

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000022384

Entity Name: TIFFANY SCOTT, LLC

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

501 SOUTH FLAGLER DRIVE  
SUITE 502 FLAGLER CENTER  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

501 SOUTH FLAGLER DRIVE  
SUITE 502 FLAGLER CENTER  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

FEI Number: 26-2082870

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEBER, JAMES E  
501 SOUTH FLAGLER DRIVE  
SUITE 502 FLAGLER CENTER  
WEST PALM BEACH, FL 33401 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  
Name: SCHAUER, TIFFANY M  
Address: 277 ROYAL POINCIANA WAY UNIT 193  
City-St-Zip: PALM BEACH, FL 33480 US

Title: MGRM  
Name: MCDONALD, SCOTT  
Address: 218 MEDITERRANEAN ROAD  
City-St-Zip: PALM BEACH, FL 33480 US

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: TIFFANY SCHAUER

MGRM

03/31/2011

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