

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L93000000214

1. Entity Name
 TAMIAMI MANAGEMENT, L.C.



Principal Place of Business
 5379 OCEAN BLVD
 SARASOTA, FL 34242

Mailing Address
 P.O. BOX 35246
 SARASOTA, FL 34278



03212005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0423080

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HESTER, GORDON
 5379 OCEAN BLVD
 SARASOTA, FL 34242

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ROBERTI, JEFFREY
STREET ADDRESS	5379 OCEAN BLVD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	MGR
NAME	HESTER, GORDON
STREET ADDRESS	3233 N. SECLUSION DR
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER OR AUTHORIZED REPRESENTATIVE

Gordon Hester

3/23/05

Date

346-7300

Daytime Phone #