


**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      Mailing Address  
5379 OCEAN BLVD                      P.O. BOX 35246  
SARASOTA, FL 34242                  SARASOTA, FL 34278

**DO NOT WRITE IN THIS SPACE**



03212005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 65-0423080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS

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

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03/25/05-80012-011 50.00

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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: Gordon Hester      3/23/05      346-7300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #