

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L93000000214 1. Entity Name TAMIAMI MANAGEMENT, L.C.	
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Principal Place of Business 5379 OCEAN BLVD SARASOTA, FL 34242	Mailing Address P.O. BOX 35246 SARASOTA, FL 34278
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DO NOT WRITE IN THIS SPACE



01312008No Chg-LLC CR2E083 (12/07)

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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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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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 5379 OCEAN BLVD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/15/08-80019-003 138.75

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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 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:  2/4/08 941-926-1000

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