


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90293 019 \*\*\*\*50.00

**DOCUMENT # L95000000629**  
 1. Entity Name  
**TAMIAMI INVESTORS, L.C.**



Principal Place of Business      Mailing Address  
 7225 PELICAN BAY BLVD      7225 PELICAN BAY BLVD  
 #1502 CORONADO      #1502 CORONADO  
 NAPLES FL 34108      NAPLES FL 34108

24017752



MOORE      CR2E083 (11/03)

2. Principal Place of Business      3. Mailing Address  
 7575 Pelican Bay Blvd      7575 Pelican Bay Blvd  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 #1001 Montenero      #1001 Montenero

City & State      City & State  
 Naples, FL      Naples, FL

4. FEI Number      Applied For  
 57-1032919      Not Applicable

Zip      Country      Zip      Country  
 34108           34108          

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

6. Name and Address of Current Registered Agent  
 BAILY, JAY E ESQUIRE  
 BAILY & BREWER  
 46 NORTH WASHINGTON BLVD., SUITE 13  
 SARASOTA FL 34236

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

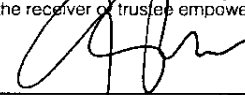
9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BOONE, G. LEN	
STREET ADDRESS	7225 PELICAN BAY BLVD #1502 CORONADO	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boone, G. Len	
STREET ADDRESS	7575 Pelican Bay Blvd #1001 Montenero	
CITY-ST-ZIP	Naples, FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:       2/24/04      239/592-9527  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #