

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90345 006 ****50.00

DOCUMENT # L96000000209

1. Entity Name
T & T RESORTS, L.C.



Principal Place of Business
**13451 MCGREGOR BLVD
SUITE 27
FORT MYERS, FL 33919**

Mailing Address
**8961 CONFERENCE DRIVE
SUITE 1
FORT MYERS, FL 33919**

60033895



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6216 Whiskey Creek Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

City & State

Fort Myers, FL

Zip

Country

Zip

33919

Country

USA

04042007 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-0648314

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

**KRICHBAUM, RICHARD E
8961 CONFERENCE DRIVE SUITE 1
FT. MYERS, FL 33919**

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

[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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TAYLOR, ROBERT M
13451 MCGREGOR BLVD SUITE 27
FORT MYERS, FL 33919** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #