2006 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L99000001964 TIVOLI LAKES CLUB INVESTORS, LLC Principal Place of Business Mailing Address 215 N FEDERAL HIGHWAY SUITE 1 215 N FEDERAL HIGHWAY SUITE 1 BOCA RATON, FL 33432 BOCA RATON, FL 33432 DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED Aug 17, 2006 8:00 am Secretary of State

08-17-2006 90044 011 ****50.00



	P 2 6		
06052006 No Chg-L	LC	CR2E083	(11/05)

4. FEI Number			Applied For
65-0909992			Not Applicab
	¢ E	ΛΛ	A 4 2001

5. Certificate of Status Desired

\$5.00 Additional Fee Required

BATMASIAN, JAMES H DO NOT WRITE 215 N FEDERAL HIGHWAY SUITE 1 BOCA RATON, FL 33432 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.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE			
Fii Due l	ling Fee is \$50.00 by September 6, 2006	(NOTE: Reputation regular decision with relationary)			
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGRM				
NAME	BATMASIAN, JAMES H				
STREET ADDRESS	215 N FEDERAL HIGHWAY SUITE 1				
CITY-ST-ZIP	BOCA RATON, FL 33432				
TITLE	MGRM				
NAME	BATMASIAN, MARTA				
STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON, FL 33432				
TITLE					
NAME ATRICT LEADERS					
STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE			
TITLE		I IN THIS SPACE			
NAME		0.7.02			
STREET ADDRESS CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS CITY-ST-ZIP					
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supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 liver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information indicated on this report is true and a limited liability company or the receive

SIGNATURE:

FED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

561- 391-8920