

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90170 001 ***100.00

30006200



04132006 Chg-LLC CR2E083 (11/05)

DOCUMENT # M00000002513	
1. Entity Name TALLOWWOOD ISLE MHP, LLC	

Principal Place of Business 525 UNIVERSITY AVE., #610 PALO ALTO, CA 94301	Mailing Address 525 UNIVERSITY AVE., #610 PALO ALTO, CA 94301
---	---

2. Principal Place of Business 575 High Street Suite, Apt. #, etc. Suite 350 City & State	3. Mailing Address 575 High Street Suite, Apt. #, etc. Suite 350 City & State
Zip	Country

6. Name and Address of Current Registered Agent	
FORD, JIM 6300 QUEENSBURY BLVD. SARASOTA, FL 34241	

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 _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE BEN F. IVY LIVING TRUST 525 UNIVERSITY AVE., #610- PALO ALTO, CA 94301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 575 High Street, #350
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Catherine E. Ivy, Co-Trustee **4/20/06** **6503283800**

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

Catherine E. Ivy, Co-Trustee of the Ben F. Ivy Living Trust