2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 12, 2005 08:00 AM **Secretary of State DOCUMENT # M02000003258** TIGER REALTY, L.L.C. Mailing Address Principal Place of Business : _ : 2005 LIMELBMT 2005 LIMBLEWIT TETLBY CO PPON TETLBY CO PPON CR2E083 (10/03) 02122005No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 43-1701503 \$5,00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHWARK, C.B. DO NOT WRITE 4995 RIVERSIDE DRIVE ESTERO, FL 33928 ___ 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) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME SCHWARK, C.B. 4995 RIVERSIDE DRIVE STREET ADDRESS CITY-ST-ZIP ESTERO, FL 33928 000000261206 03/14/05-80001-014 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 it 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP

FILED