

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000007056

FILED
Jul 14, 2009
Secretary of State

Entity Name: TIC WATERMARK ISLAMORADA 15 LLC

Current Principal Place of Business:

C/O SOUTHFORK DEVELOPMENT GROUP
5110 HILLSDALE CIRCLE, SUITE 300
EL DORADO HILLS, CA 95762

New Principal Place of Business:

Current Mailing Address:

C/O SOUTHFORK DEVELOPMENT GROUP
5110 HILLSDALE CIRCLE, SUITE 300
EL DORADO HILLS, CA 95762

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NATIONAL CORPORATE RESEARCH LTD., INC.
515 EAST PARK AVE.
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OTTOSON, WAYNE T
Address: 11 CROSSBOW COURT
City-St-Zip: PALM COAST, FL 32157

Title: MGRM () Delete
Name: MCCARTHY, BRIAN
Address: 5110 HILLSDALE CIRCLE, SUITE 300
City-St-Zip: EL DORADO HILLS, CA 95762

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WAYNE T. OTTOSON

MGR

07/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date