

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002154

FILED
Sep 26, 2008
Secretary of State

Entity Name: TIC WATERMARK ISLAMORADA 17 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:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
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:

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

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: CARR, ERWIN P TRUSTEE
Address: 213 S. HOWARD AVENUE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARR, ERIN P TRUSTEE
Address: 238 E. DAVIS BLVD SUITE 207
City-St-Zip: TAMPA, FL 33606

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: ERIN P. CARR

MGRM

09/26/2008

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