

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002183

FILED
Aug 12, 2008
Secretary of State

Entity Name: TIC WATERMARK ISLAMORADA 21 LLC

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

C/O NATIONAL CORPORATE RESEARCH LTD.
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:

Name and Address of New Registered Agent:

NATIONAL CORPORATE RESEARCH LTD., INC.
515 EAST PARK AVENUE
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: MGRM () Delete
Name: R & V VENTURES, INC.,
Address: 10181 SILVER LAKE DRIVE
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES:

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: RALPH FARINAS

PRES

08/12/2008

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