

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 29, 2008 8:00 am
Secretary of State

07-29-2008 90034 016 ***538.75

DOCUMENT # M99000001470

1. Entity Name
TIBURON SUITES LLC



Principal Place of Business
**5876 W. IRLO BRONSON HIGHWAY
KISSIMMEE, FL 34746**

Mailing Address
**5876 W. IRLO BRONSON HIGHWAY
KISSIMMEE, FL 34746
160 Sansome Street, 11th Floor
San Francisco, CA 94104**

60045882



DO NOT WRITE IN THIS SPACE

07152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
94-3336163

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303**

**DO NOT WRITE
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) DATE

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME **TIBURON CAPITAL LLC TCH Florida Corp.**
STREET ADDRESS **160 SANSOME ST., 11TH FLOOR**
CITY-ST-ZIP **SAN FRANCISCO, CA 94104**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Herbert J. Jaffe,

7/22/08

415/296-7700

Daytime Phone #

**Secretary
TCH Florida Corp.**