2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000091334

1. Entity Name
TESUQUE RIVER ASSOCIATES, INC.



FILED Apr 05, 2006 8:00 am Secretary of State 04-05-2006 90135 038 ***150.00

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Principal Place of Business 2300 HILLVIEW STREET SARASOTA, FL 34239			Z 1	Mailing Address 46 NORTH WASHINGTON BLVD. #1 SARASOTA, FL 34239			ָ מַ טְע ָּ בּי					
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03312006	Cha B	CBSE	024 (11/05)	
City & State				City & State				4. FEI Numbe	Chg-P	CRZE	034 (11/05)	oplied For
									100000		No	ot Applicable
Zip	Zip Country			Zip Country				5. Certificate of	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Cu	stered Agent	•	ļ		7. Name and	Address of New R	egistered	Agent		
LPS CORP	ORATE :	SERVICES, INC.				Name						
46 NORTH WASHINGTON BLVD. #1				Street Addre			ddress (i	P.O. Box Numbe	r is Not Acceptable	9)		
SARASOTA, FL 34236												
				<u> </u>						FL	Zip Cod	ie
		y submits this statemitered agent.	ent for the	purpose of changing its	register	red office or	register	red agent, or both	i, in the State of Flo	orida. Lam	familiar with,	and accept
	ons or regis	iorea agent.										
SIGNATURE_	Signature, typed	or printed name of registered	agent and title	if applicable. (NOTI	E. Registere	ed Agent signalu	ne required	d when reinstating)	***************************************	DATE		
		FEE IS \$150.00 6 Fee will be \$5		9. Election Campa Trust Fund Cont				.00 May Be led to Fees				
10.		OFFICERS	AND DIRE	CTORS	.11.			ADDITIONS/	CHANGES TO OFF	ICERS AN	DIRECTOR	S IN 11
TITLE	☐ Oeiete III				TITL		DPT				☐ Change	XXddition
NAME STREET ADDRESS					HAM	NE Eet address		•	TTI LEE			
CITY-ST-ZIP						(-ST-ZiP			IEW STRI			
TITLE				Delete	TITL	F	DVS		FL 34239	J	☐ Change	X X Addition
NAME		NA NA							UART HO	PKINS		11 11
STREET ADDRESS						EET ADDRESS		· · · · · · · · · · · · · · · · · · ·	IEW STR			
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CITY-ST-ZIP					CITY	'-ST-ZIP						
TITLE				☐ Delete	TITL	1					Change	☐ Addition
NAME CIDEET ADDRESS					MAM							
STREET ADDRESS CITY-ST-ZIP						FET ADDRESS '-ST-ZIP						•
	ertify that th	e information supplied	d with this t	liting does not qualify fo			ontained	d in Chapter 119	Florida Statutes 1	further cer	rtify that the	nformation
indicated	on this repo	rt or supplemental rep	ort is true	and accurate and that r	ny signa	iture shall ha	ave the s	same legal effect	as if made under	oath; that I	am an officer	or director

of the corporation or the receiver a fusion accorded into the ring signature shall have the same legal effect as it made under dain; that i am an officer or distance in the receiver of this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

955-9168 (941)

Daytime Phone #