


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 27, 2005 8:00 am
Secretary of State

05-27-2005 90348 009 ****55.00

DOCUMENT # L01000015710	
1. Entity Name T.L.C., LLC	

Principal Place of Business 8955 US Hwy 301 N. #203 Parrish, FL 34219	Mailing Address 8955 US Hwy 301 N. #203 Parrish, FL 34219
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60000001



DO NOT WRITE IN THIS SPACE

04102005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1138999	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JONES, TERI 9980 Cherry Hills Ave. Cir. BRADENTON, FL 34202

**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 *Teri Jones* **Teri Jones, President**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, TERI 9980 Cherry Hills Ave. Cir. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANKENFIELD, CORI 801 Riviera Dunes Way PalmHts, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEST, LORI 308 CAMPUS DR RUSKIN, FL 33570
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 exemption stated in Section 119.07(3)(i), 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: *Teri Jones* **TERI JONES** 4/10/05 941-5818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #