## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED

May 02, 2005 8:00 am Secretary of State
05-02-2005 90365 021 ****50.00

DOCUMENT # L01000020427 TSC HOLDING, LLC 14012930 Principal Place of Business Mailing Address 1750 EAST SUNRISE BLVD. 1750 EAST SUNRISE BLVD. FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33304 2. Principal Place of Business 3. Mailing Address 2100 West Cypress Creek Rd 2100 West Cypress Creek Rd Suite, Apt. #, etc. Suite, Apt. #, etc. 04222005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable 30-0144810 Fort Lauderdale FI <u>Fort Lauderdale.</u> FI Country Country \$5.00 Additional 5. Certificate of Status Desired 33309 33309 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAUGHERTY, ST. JOHN Street Address (P.O. Box Number is Not Acceptable)
2100 West Cypress Creek Road 1750 EAST SUNRISE BLVD. FORT-LAUDERDALE, FL 33304 Fort Lauderdale Zip Code 33309 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. St. John Daugherty
(NOTE: Registered Agent signature required when Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR **Ø** Change ☐ Addition TITLE ☐ Delete TITLE NAME LEVAN, ALAN NAME 2100 West Cypress Creek Road 1750 EAST SUNRISE BLVD. STREET ADDRESS STREET ADORESS CITY-ST-ZIP FORT-LAUDERDALE, FL 33304 CITY-ST-ZIE Fort Lauderdale, FL 33309 ☐ Addition MGR ☐ Delete TITLE (X) Change TITLE ABDO, JOHN E NAME NAME 2100 West Cypress Creek Road 1750 EAST SUNRISE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Fort Lauderdale, FL 33309 CITY-ST-ZIP FORT LAUDERDALE, FL 33304 Addition ☐ Delete TITLE Mgr ☐ Change TITLE NAME NAME Chervony, Anne STREET ADDRESS STREET ADDRESS 2100 West Cypress Creek Road CITY-ST-ZIP CITY-ST-7IP Fort Lauderdale, FL 33309 ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 accordate 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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND

John E. Abdo, Manager ED OR PRINTED NAME OF SIGNING MANAGING-MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/05 Date

954-760-5000

Daytime Phone #