

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000027949**

1. Entity Name  
TIC 3401, LLC



Principal Place of Business  
P.O. BOX 85  
WEST PALM BEACH, FL 33402

Mailing Address  
P.O. BOX 85  
WEST PALM BEACH, FL 33402



**DO NOT WRITE IN THIS SPACE**

02172006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-0123976

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JOHNSON, SCOTT A  
505 S. FLAGLER DRIVE, SUITE 1010  
WEST PALM BEACH, FL 33401

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

110000508744  
11/28/05-80016-025 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
JOHNSON, RICHARD S JR  
P.O. BOX 85  
WEST PALM BEACH, FL 33402

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
JOHNSON, SCOTT A  
P.O. BOX 85  
WEST PALM BEACH, FL 33402

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KOENIG, PATRICK C  
P.O. BOX 85  
WEST PALM BEACH, FL 33402

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

3-3-06

Date

561-655-7200

Daytime Phone #