

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021133

Entity Name: TBWC 5700, P.L.

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

5830 WEST CYPRESS STREET, SUITE A  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

5830 WEST CYPRESS STREET, SUITE A  
TAMPA, FL 33607

**New Mailing Address:**

PO BOX 25317  
TAMPA, FL 3622

FEI Number: 26-3314133

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRONSTEIN, JOEL D  
150 2ND AVENUE NORTH, SUITE 1100  
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

MADLE, ALISTAIR  
5830 W CYPRESS ST  
TAMPA, FL 33607 US

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.

SIGNATURE: ALISTAIR MADLE

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete

Name:

Address:

City-St-Zip:

**ADDITIONS/CHANGES:**

Title: DR ( ) Change (X) Addition

Name: BREIT, BRUCE

Address: 5830 W CYPRESS ST

City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRUCE BREIT

DR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date