

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000021133

**Entity Name:** TBWC 5700, P.L.

**Current Principal Place of Business:**

5830 WEST CYPRESS STREET, SUITE A  
TAMPA, FL 33607

**Current Mailing Address:**

PO BOX 25317  
TAMPA, FL 33622

**FEI Number:** 26-3314133

**Certificate of Status Desired:** No

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

MADLE, ALISTAIR  
5830 A - 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title DR  
Name BREIT, BRUCE  
Address 5830 W CYPRESS ST  
City-State-Zip: TAMPA FL 33607

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRUCE BREIT, MD

**MANAGING PARTNER**

**03/19/2014**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date