

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000119669

**Entity Name:** KHOURY TB VENTURES, LLC

**Current Principal Place of Business:**

508 S.E. OSCEOLA STREET  
STUART, FL 34994

**Current Mailing Address:**

508 S.E. OSCEOLA STREET  
STUART, FL 34994

**FEI Number:** 45-3680348

**Certificate of Status Desired:** No

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

KHOURY, AMIN C  
508 S.E. OSCEOLA STREET  
STUART, FL 34994 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 MR.  
Name KHOURY, AMIN C  
Address 508 SE OSCEOLA STREET  
City-State-Zip: STUART FL 34994

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AMIN CHARLES KHOURY

MGRM

04/29/2013

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

\_\_\_\_\_ Date