

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000002413

1. Entity Name
TCB TALLAHASSEE PLANTATIONS LLC



Principal Place of Business
95 BERKELEY STREET, 5TH FLOOR
C/O COMMUNITY BUILDERS, INC.
BOSTON, MA 02116-6240

Mailing Address
95 BERKELEY STREET, 5TH FLOOR
C/O COMMUNITY BUILDERS, INC.
BOSTON, MA 02116-6240



02122008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1046280

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CLANCY, PATRICK E
STREET ADDRESS 95 BERKELEY STREET, 5TH FLOOR
CITY-ST-ZIP BOSTON, MA 021166240

TITLE MGR
NAME MORAN, CHARLES M JR.
STREET ADDRESS 95 BERKELEY STREET, 5TH FLOOR
CITY-ST-ZIP BOSTON, MA 021166240

TITLE MGR
NAME JONES, WILLIE
STREET ADDRESS 95 BERKELEY STREET, 5TH FLOOR
CITY-ST-ZIP BOSTON, MA 021166240

TITLE MGR
NAME BATES, BEVERLY J
STREET ADDRESS 95 BERKELEY STREET, 5TH FLOOR
CITY-ST-ZIP BOSTON, MA 021166240

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

Date

Daytime Phone #

Beverly J Bates, February 13, 2008 857-224-8632