2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State
05-26-2005 90314 021 ****50.00

Principal Place of Busines S5 BERKELEY STREET, 5TH FL SDSTON, MA 02116-6240 SDSTON, MA 021166240 S	1. Entity Name TCB SHADOW RUN LLC							~~ ~	, , , , ,	1.0	
Suite, Apt. 4, etc.	95 BERKELEY STREET, 5TH FL			95 BERKELEY STREET, 5TH FL			86111 63111 16111 16111 0B1			189 1 NJ 1 89 1	
City & State	2. Principal Place of Business			3. Mailing Address							
Example Exam	Suite, Apt. #, etc.		Suite, Apt. #, etc.			05192005	Chg-LLC	CR2E0	83 (10/03)		
S. Certification of Status Desired Fee Required	City & State			City & State							
Name	Zip	Country		Zip Country		5. Certificate	of Status Desired				
COUNT PINE ISLAND ROAD 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am farmiser with, and accept the obligations of registered agent. SIGNATURE City FL Zip Code		6. Name and Addres	s of Current Re	gistered Agent		Nama	7. Name and	Address of New R	legistered /	Agent	
8. The above named entity submits this statement for the purpose of changing its 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 inputted agent and 156 T applicable.	1200 SOUTH PINE ISLAND ROAD						s (P.O. Box Numbe	er is Not Acceptable	e)		
B. 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, hyead or printed name of registered agent and tale It applicable. (NOTE Registered Agent signature required when intrinstating) DATE P. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGR ORNA, PATRICK E STREET ADDRESS (1,TrST-2)P BOSTON, MA 021166240 TITLE MGR MORAN, CHARLES M JR. SIREH ADDRESS SIREH ADDRESS CITY-ST-2)P SOSTEN, MA 021166240 TITLE MGR MORAN, CHARLES M JR. SIREH ADDRESS CITY-ST-2)P SOSTON, MA 021166240 TITLE MGR MORAN ORAN 021166240 TITLE MGR MORE DESTON, MA 021166240 TITLE MGR MORAN ORAN ORAN 021166240 TITLE MGR MORAN ORAN ORAN ORAN ORAN ORAN ORAN ORAN	FLANIAII	ION, FL 33324				City				7:- 0-4	
SIGNATURE Signature Tribute T						City			FL	Zip Codi	B
Filing Fee is \$50.00 Due by September 7, 2005 September 7, 2005			statement for the	he purpose of changing its	register	ed office or regist	ered agent, or bo	th, in the State of Flo	orida. Iam I	amiliar with,	and accept
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR CLANCY, PATRICK E STREET SIREET AURIESS S BERKELEY STREET SIREET AURIESS S STREET AURIESS STREET AURIES S	SIGNATURE .	Signature, typed or printed name of	registered agent and	tills if applicable. (NOT	E: Registere	d Agent signature requi	red when reinstating)		DATE		
TITLE MGR CLANCY, PATRICK E STREET ADDRESS STREET A								· · · · · · · · · · · · · · · · · · ·			
NAME STREET ADDRESS 95 BERKELEY STREET BOSTON, MA 021166240 TITLE MGR MORAN, CHARLES M JR. STREET ADDRESS CITY-ST-ZIP BOSTON, MA 021166240 TITLE MGR MORAN, CHARLES M JR. STREET ADDRESS CITY-ST-ZIP BOSTON, MA 021166240 TITLE MGR JONES, WILLIE JONES, WILLIE BOSTON, MA 021166240 TITLE MGR JONES, WILLIE JONES	9.	MANAC	SING MEMBERS	S/MANAGERS	10.		1.	ADDITIONS	/CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE MGR JONES, WILLIE STREET ADDRESS CITY-ST-ZIP BOSTON, MA 021166240 TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE MGR BATES, BEVERLY J 95 BERKELEY STREET BOSTON, MA 021166240 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	CLANCY, PATRICK E 95 BERKELEY STRE	ET	☐ Delete	NAM STRE	E ET ADDRESS				Change	Addition
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NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS				☐ Delete	NAM	E				☐ Change	☐ Addition
11. Hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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	STREET ADDRESS										

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 malimited liability company or the received or trustee empowered to execute his report as required by Chapter 608, Florida Statutes.

5/19/05 617 695 95 95