

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005114

**FILED**  
**Mar 01, 2006**  
**Secretary of State**

**Entity Name:** TFBS ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

2 N. PALAFOX ST.  
PENSACOLA, FL 32502 US

**New Principal Place of Business:**

**Current Mailing Address:**

2 N. PALAFOX ST.  
PENSACOLA, FL 32502 US

**New Mailing Address:**

**FEI Number:** 59-3649194

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MCCRORY, SONDR  
2 N. PALAFOX ST.  
PENSACOLA, FL 32502 US

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

SEITH, KIMBERLY A  
2 N. PALAFOX ST.  
PENSACOLA, FL 32502 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:** KIMBERLY A. SEITH

03/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** BELL, SCOTT J  
**Address:** 2 N. PALAFOX ST.  
**City-St-Zip:** PENSACOLA, FL 32502 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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:** SCOTT J. BELL

MGR

03/01/2006

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