


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000014440</b>					
<b>1. Entity Name</b> TBCOM PROPERTIES, L.L.C.					
<b>Principal Place of Business</b> 1133 LOUISIANA AVE., STE. 114 WINTER PARK, FL 32789			<b>Mailing Address</b> 1133 LOUISIANA AVE., STE. 114 WINTER PARK, FL 32789		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04262004    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> 59-3683374				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MILLER & SOUTH, P.A. JEFFREY P. MILHAUSEN, ESQ. 2699 LEE RD. STE 120 WINTER PARK, FL 32789			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGR TUDOR, WILLIAM L 225 OSCEOLA DRIVE WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGR O'SHAUGHNESSY, TIMOTHY 2825 PRINCE JOHN RD. WINTER PARK, FL 32792	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete			
<b>11. I hereby certify that the information supplied with this filing 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes</b>			SIGNATURE: <i>Lion Oshay</i> Date: 4/28/04    Daytime Phone #: 407-435-0423		