2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000014440

1. Entity Name
TBCOM PROPERTIES, L.L.C.



Principal Place of Business

1133 LOUISIANA AVE., STE. 114 WINTER PARK, FL 32789 Mailing Address

1133 LOUISIANA AVE., STE. 114 WINTER PARK, FL 32789

FILED

08 JAN 30 PM 4: 02

SECRETARY OF STATE TALLAHASSEE. FLORIDA



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01102008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	59-3683374

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER & SOUTH, P.A. JEFFREY P. MILHAUSEN, ESQ. 2699 LEE RD. STE 120 WINTER PARK, FL. 32789

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WINTER PARK, FL 32789		IN THIS SPACE
	named entity submits this statement for the purpose of changi ions of registered agent.	ing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TUDOR, WILLIAM L 848 SYMPHONY ISLES BLVD APPOLO BEACH, FL 33572	300117640133 02/11/0801005013 **566.25
NAME STREET ADDRESS CITY-ST-ZIP	MGR O'SHAUGHNESSY, TIMOTHY 1022 MCKEAN CIRCLE WINTER PARK, FL 32789	U2/11/08U1UU5U13 **556.25
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		·

11. I hereby certify that the information supplied with this filling 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: A Ci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ÑAME STREET ADDRESS CITY+ST-ZIP

407-622 1377

Date

Daytime Phone #