

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013184

Entity Name: TL HOFFMANN, LLC

FILED
Jan 27, 2004
Secretary of State

Current Principal Place of Business:

443 KIMBERLY DRIVE
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

443 KIMBERLY DRIVE
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 59-3738201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE, SUITE B-1
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: HOFFMANN, TRACI L
Address: 443 KIMBERLY DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: VP () Delete
Name: HOFFMANN, MICHAEL J
Address: 403 KIMBERLY DRIVE
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOFFMANN, TRACI L
Address: 443 KIMBERLY DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: MGR (X) Change () Addition
Name: HOFFMANN, MICHAEL J
Address: 403 KIMBERLY DRIVE
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TRACI HOFFMANN

MGR

01/27/2004

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