

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90207 040 \*\*\*\*50.00

<b>DOCUMENT # L01000013811</b>					
<b>1. Entity Name</b> TBF, LLC					
<b>Principal Place of Business</b> 1719 APEX ROAD, UNIT B SARASOTA, FL 34240			<b>Mailing Address</b> 1719 APEX ROAD, UNIT B SARASOTA, FL 34240		
<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	<b>4. FEI Number</b> 65-1136166	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
COLEMAN, THOMAS P 1719 APEX ROAD, UNIT B SARASOTA, FL 34240			Name: <u>GERARD H. LECLAIR</u> Street Address (P.O. Box Number is Not Acceptable): <u>1719 APEX ROAD</u> City: <u>Sarasota</u> <b>FL</b> Zip Code: <u>34240</u>		
<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: <u>GERARD H. LECLAIR</u> DATE: <u>1-14-03</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<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: <u>MGR</u> NAME: <u>COLEMAN, THOMAS P</u> STREET ADDRESS: <u>1719 APEX ROAD, UNIT B</u> CITY-ST-ZIP: <u>SARASOTA, FL 34240</u>	<input checked="" type="checkbox"/> Delete		TITLE: <u></u> NAME: <u></u> STREET ADDRESS: <u></u> CITY-ST-ZIP: <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <u>MGR</u> NAME: <u>LECLAIR, GERARD H</u> STREET ADDRESS: <u>1719 APEX ROAD, UNIT B</u> CITY-ST-ZIP: <u>SARASOTA, FL 34240</u>	<input type="checkbox"/> Delete		TITLE: <u></u> NAME: <u></u> STREET ADDRESS: <u></u> CITY-ST-ZIP: <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <u></u> NAME: <u></u> STREET ADDRESS: <u></u> CITY-ST-ZIP: <u></u>	<input type="checkbox"/> Delete		TITLE: <u></u> NAME: <u></u> STREET ADDRESS: <u></u> CITY-ST-ZIP: <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <u></u> NAME: <u></u> STREET ADDRESS: <u></u> CITY-ST-ZIP: <u></u>	<input type="checkbox"/> Delete		TITLE: <u></u> NAME: <u></u> STREET ADDRESS: <u></u> CITY-ST-ZIP: <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <u></u> NAME: <u></u> STREET ADDRESS: <u></u> CITY-ST-ZIP: <u></u>	<input type="checkbox"/> Delete		TITLE: <u></u> NAME: <u></u> STREET ADDRESS: <u></u> CITY-ST-ZIP: <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<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: <u>GERARD H. LECLAIR</u> DATE: <u>1-14-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					