2005 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Jan 20, 2005 08:00 AM **Secretary of State** DOCUMENT # L01000013811 1. Entity Name TBF, LLC Principal Place of Business Mailing Address 1719 APEX ROAD, UNIT B 1719 APEX ROAD, UNIT B SARASOTA, FL 34240 SARASOTA, FL 34240 CR2E083 (10/03) 01052005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1136166 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LECLAIR, GERARD H DO NOT WRITE 1719 APEX ROAD SARASOTA, FL 34240 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 U0000018**60**56 01/21/05-80042-012 50.00 MANAGING MEMBERS/MANAGERS 9. MGR TITLE LECLAIR, GERARD H NAME STREET ADDRESS 1719 APEX ROAD, UNIT B SARASOTA, FL 34240 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

GERARD H. LEC/91R

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 eath; 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.

STREET ADDRESS CITY-ST-ZIP