

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000019084

1. Entity Name
TNCP, LLC



Principal Place of Business
611 WEST BAY STREET
TAMPA, FL 33606-2703

Mailing Address
611 WEST BAY STREET
TAMPA, FL 33606-2703

FILED
Mar 13, 2007 08:00 AM
Secretary of State



03012007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3757542	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SHIMBERG, JAMES H
611 WEST BAY STREET
TAMPA, FL 33606-2703

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHIMBERG, JAMES H 10102 WHITE TROUT LN TAMPA, FL 336184310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHIMBERG, JAMES H JR 1912 ARDSLEY ST TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHIMBERG, AMY G 10102 WHITE TROUT LANE TAMPA, FL 336184310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAIKOFF, NANCY S 60 STANTON CIR OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIMBERG, ROBERT A 3214 W. FOUNTAIN TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000665059
03/23/07-80010-002 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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: _____

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

3/6/07

Date

254-7567

Daytime Phone #