


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90277 008 \*\*\*\*50.00

<b>DOCUMENT # L02000005392</b>	
1. Entity Name <b>TPA . LLC</b>	

Principal Place of Business <b>4707 DUFFER LOOP SEBRING FL 33872</b>	Mailing Address <b>4707 DUFFER LOOP SEBRING FL 33872</b>
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2. Principal Place of Business - No P.O. Box # <b>3212 Waterwood Dr.</b>	3. Mailing Address <b>3212 Waterwood Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State <b>Sebring FL</b>	City & State <b>Sebring FL</b>
Zip <b>33872</b>	Zip <b>33872</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>11-1441166</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ARMBRUSTER, JOSEPH A 3212 WATERWOOD DRIVE SEBRING FL 33872</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 *Joseph A. Armbruster* (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>P</b> <b>ARMBRUSTER, JOSEPH</b> <b>3212 WATERWOOD DRIVE</b> <b>SEBRING FL 33872</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>S</b> <b>TALBERT, PAUL</b> <b>4417 PITCHING WEDGE WAY</b> <b>SEBRING FL 33872</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>MGR</b> <b>PARKER, MIKE</b> <b>3501 JACKLIN AVE</b> <b>SEBRING FL 33870</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Joseph A. Armbruster* **2-12-07** *1-863 4711866*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #