2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000007896

1. Entity Name
TLC SOUTH, LLC



Mar 05, 2007 08:00 A Secretary of State

FILED

Principal Place of Business

STREET ADDRESS CITY: ST-ZIP Mailing Address

220 PONTE VEDRA PARK DRIVE, SUITE 100 PONTE VEDRA BEACH, FL 32082

220 PONTE VEDRA PARK DRIVE, SUITE 100 PONTE VEDRA BEACH, FL 32082



02122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 02-0588039

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FAIRBAIRN, MATTHEW J 220 PONTE VEDRA PARK DRIVE, SUITE 100 PONTE VEDRA BEACH, FL 32082

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	pove named entity submits this statement for the purpose of cha oligations of registered agent.	anging its registered office or registered agent, or both, in the S	tate of Fiorida. I am familiar with,	and accept
SIGNATU	Signature, typed or printed name of registered agent and title if applicable	(NOTE. Registered Agent signature required when reinstating)	DATE	 _
	Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR	,		
NAME	FAIRBAIRN, MATTHEW J			

STREET ADDRESS 220 PONTE VEDRA PARK DRIVE, SUITE 100 CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

03/14/07-80018-001 50.00

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IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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: 1 1 CM CONTROL Make of SIGNING MANAPING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daylone Phone &