

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010671

Entity Name: TBF NO. 1, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

5121 EHRLICH RD., STE. 112-B
TAMPA, FL 33624

New Principal Place of Business:

3609 SCHEFFLERA RD
TAMPA, FL 33618

Current Mailing Address:

5121 EHRLICH RD., STE. 112-B
TAMPA, FL 33624

New Mailing Address:

3609 SCHEFFLERA RD
TAMPA, FL 33618

FEI Number: 51-0466788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLOSSER, DICK A
500 EAST KENNEDY
SUITE 200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, CHARLES
Address: 5121 EHRLICH RD., STE 112-B
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNSON, CHARLES
Address: 3609 SCHEFFLERA RD
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES P. JOHNSON

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date