

08-16-2004 90133013*****50.00
L02000018559

**2004 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

FILED

2004 AUG 20 P 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07062004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000018559			
1. Entity Name TCR ENTERPRISES "LLC"			
Principal Place of Business 1717 DAVID'S DRIVE NAVARRE, FL 32566 US		Mailing Address 1717 DAVID'S DRIVE NAVARRE, FL 32566 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 05-0526050		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, CAROL ANN 1717 DAVID'S DRIVE NAVARRE, FL 32566		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending) DATE _____			
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, CAROL A 1717 DAVIDS DR NAVARRE, FL 32566 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Brown, Carol A. 1717 David's Drive Navarre, FL 32566 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RECKER, THOMAS M 1717 DAVIDS DR NAVARRE, FL 32566 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Recker, Thomas M. 1717 David's Drive Navarre, FL 32566 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Henry, Thomas W. 1717 David's Drive Navarre, FL 32566 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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: <i>Thomas W. Henry</i>		Manager 7/7/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	