2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State
03-05-2003 90301 044 ****50.00

DOCUMENT # L02000018559

1. Entity Name
TCR ENTERPRISES "LLC"

Principal Place of Business	Mailing Address
1717 DAVID'S DRIVE NAVARRE FL 32566 US	1717 DAVID'S DRIVE NAVARRE FL 32566 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1717 DAVIDS DR	1717 DAVIDS DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAVARRE FL	City & State: NAVARRE FL
Zip: 32566 Country: US	Zip: 32566 Country: US

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: CAROL ANN BROWN
Street Address (P.O. Box Number is Not Acceptable): 1717 DAVIDS DRIVE
City: NAVARRE FL Zip Code: 32566

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: Carol Ann Brown — 3/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CAROL ANN BROWN 1717 DAVIDS DRIVE NAVARRE FL 32566 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	THOMAS M RECKER 1717 DAVIDS DRIVE NAVARRE FL 32566 ☐ 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
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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: Carol Ann Brown — 3/3/03 — 850-450-2644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)