## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

	ANNUAL RI	EPOKI (AK	<u> </u>		FIL:	ED	
DOCUMENT # L02000020768  1. Entity Name				Apr 30, 2005 08:00 AM Secretary of State			M
T&CHC	DLDINGS OF FLORIDA, L.L.Ö	•	The state of the s		Secretary	y of State	
Principal Plac	e of Business	Mailing Address	Mailing Address				
16111 AVILA BOULEVARD TAMPA FL 33613		4002 CYPRESS CT TAMPA FL 33624					
		<del></del>					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt #, etc.		1st MOORE	CR2E083 (10/04)		
City & State		City & State		4. FEI Number 16-1622776	: ;—;—	pplied For ot Applicat	
Zip	Country	Country Zip			5. Certificate of Status Desired	S5.00 Ad	
	6. Name and Address of Current F	Registered Agent	_l		7. Name and Address of New R		- · · · ·
			N	Vame	<u> </u>		
TAMARGO, TED R 2650 SUNTRUST FINANCIAL CENTRE TAMPA FL 33602				Street Address (I	P.O. Box Number is Not Acceptable	)	·· ·
				City		FL Zip Coo	 Je
	named entity submits this statement for tions of registered agent.	the purpose of changing it	s registered c	office or register	ed agent, or both, in the State of Flo	rida. I am familiar with,	, and acce
SIGNATURE	Signalure, typed or printed name of registered agent at	nd title 4 applicable (NO	TE Recustered Age	ent signature required	(when reinstating)	DATE	
						<del>-</del>	•
Make Check Payable t				E IS \$50.00 da Departmer	nt of State		
			te By May 1				
9.	MANAGING MEMBER		10.		ADDITIONS/	CHANGES	
TITLE	MGRM	☐ Delete	TITLE			☐ Change	Arkiiii
NAME	DAYANI, TERI S		NAME				
STREET ADDRESS	16111 AVILA BOULEVARD		STREET AL	ı			
CITY-ST-ZIP	TAMPA FL 33613		CHY-SI-	ZIP			
TITLE NAME		☐ Delete	TITLE NAME		l lacacas v	☐ Change	Addition
STREET ADDRESS			STREET AL	DDRESS	00000034: 05.05.05	9764 077-006 50.00	
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CITY-ST-ZIP			CITY-SI-	<b>I</b>			
	certify that the information supplied with t	this filing does not qualify fo	4		ction 119 07(3\f) Florida Statutas I	further cortify that the	ntormation
indicated limited lia	certify that the information supplied with to on this report is true and accurate and the bility company or the receiver or trustee	hat my signature shall have empowered to execute this	the same legs report as re-	gal effect as if m	hade under oath; that I am a manag ler 608, Florida Statutes.	ing member or manage	er of the

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date