
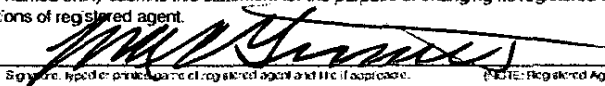
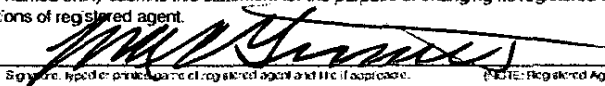
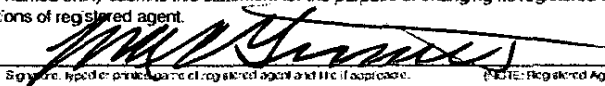
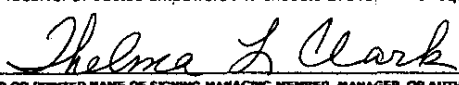


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90197 007 ****50.00

DOCUMENT # L02000027812																											
1. Entity Name TLC PROPERTY MANAGMENT, LLC																											
Principal Place of Business 17612 GUNN HIGHWAY ODESSA, FL 33556			Mailing Address P.O. BOX 22734 TAMPA, FL 33622-2734																								
2. Principal Place of Business 404 Saint Andrews Dr.		3. Mailing Address																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State Belleair, FL		City & State		4. FEI Number 57-1137207																							
Zip 33756		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																							
6. Name and Address of Current Registered Agent MORIARTY, BRENDEN S 1023 MANATEE AVENUE WEST BRADENTON, FL 34205			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"> Name William C. Grimes </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> Street Address (P.O. Box Number is Not Acceptable) 1023 Manatee Avenue West </td> </tr> <tr> <td style="padding: 2px;"> City Bradenton </td> <td style="padding: 2px;"> FL Zip Code 34205 </td> </tr> </table>			Name William C. Grimes		Street Address (P.O. Box Number is Not Acceptable) 1023 Manatee Avenue West		City Bradenton	FL Zip Code 34205																
Name William C. Grimes																											
Street Address (P.O. Box Number is Not Acceptable) 1023 Manatee Avenue West																											
City Bradenton	FL Zip Code 34205																										
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. <table style="width:100%;"> <tr> <td style="width:60%; padding: 5px;"> SIGNATURE  </td> <td style="width:40%; padding: 5px;"> 2-13-04 <small>DATE</small> </td> </tr> </table>						SIGNATURE 	2-13-04 <small>DATE</small>																				
SIGNATURE 	2-13-04 <small>DATE</small>																										
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:65%; padding: 2px;"> MGRM CLARK, THELMA L P.O. BOX 22734 TAMPA, FL 336222734 </td> <td style="width:20%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	MGRM CLARK, THELMA L P.O. BOX 22734 TAMPA, FL 336222734	<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:65%; padding: 2px;"></td> <td style="width:20%; padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE	MGRM CLARK, THELMA L P.O. BOX 22734 TAMPA, FL 336222734	<input type="checkbox"/> Delete																									
NAME																											
STREET ADDRESS																											
CITY- ST- ZIP																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME																											
STREET ADDRESS																											
CITY- ST- ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:65%; padding: 2px;"></td> <td style="width:20%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:65%; padding: 2px;"></td> <td style="width:20%; padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete																									
NAME																											
STREET ADDRESS																											
CITY- ST- ZIP																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME																											
STREET ADDRESS																											
CITY- ST- ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:65%; padding: 2px;"></td> <td style="width:20%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:65%; padding: 2px;"></td> <td style="width:20%; padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete																									
NAME																											
STREET ADDRESS																											
CITY- ST- ZIP																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME																											
STREET ADDRESS																											
CITY- ST- ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:65%; padding: 2px;"></td> <td style="width:20%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:65%; padding: 2px;"></td> <td style="width:20%; padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete																									
NAME																											
STREET ADDRESS																											
CITY- ST- ZIP																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME																											
STREET ADDRESS																											
CITY- ST- ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:65%; padding: 2px;"></td> <td style="width:20%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:65%; padding: 2px;"></td> <td style="width:20%; padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete																									
NAME																											
STREET ADDRESS																											
CITY- ST- ZIP																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME																											
STREET ADDRESS																											
CITY- ST- ZIP																											
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 606, Florida Statutes.																											
SIGNATURE:  Thelma Clark 2-13-04 813 9202156																											
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																											