2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000029886

1. Entity Name
TNT ENTERPRISES, LLC

Principal Place of Business	Mailing Address
1421 S.W. 49TH TERRACE CAPE CORAL, FL 33914	1421 S.W. 49TH TERRACE CAPE CORAL, FL 33914

DO NOT WRITE IN THIS SPACE

02212005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
03-0492104	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LARROW, PAUL L
3501 DEL PRADO BLVD., SUITE 312
CAPE CORAL, FL 33904

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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 reinstating)   DATE

**Filing Fee is $50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MITCHELL, THOMAS
STREET ADDRESS	1421 SW 49TH TERR
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	MGR
NAME	MITCHELL, PATRICIA
STREET ADDRESS	1421 SW 49TH TERR
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Patricia Mitchell_   3-21-05   239-945-0638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #