


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90198 037 ****50.00

DOCUMENT # L02000029886 1. Entity Name TNT ENTERPRISES, LLC	
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Principal Place of Business 1421 S.W. 49TH TERRACE CAPE CORAL, FL 33914	Mailing Address 1421 S.W. 49TH TERRACE CAPE CORAL, FL 33914
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DO NOT WRITE IN THIS SPACE



01112006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 03-0492104	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature is required when reappointing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL, THOMAS 1421 SW 49TH TERR CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL, PATRICIA 1421 SW 49TH TERR CAPE CORAL, FL 33914
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 PATRICIA MITCHELL 1-25-06 239 945-0638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #