
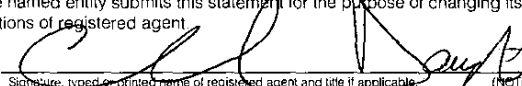
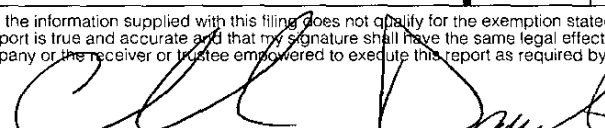


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L02000030647</b> 1. Entity Name <b>TCB MARKETING, LLC</b>					
Principal Place of Business <b>3964-5 S. CENTURY PARK CIRCLE TALLAHASSEE, FL 32304</b>			Mailing Address <b>3964-5 S. CENTURY PARK CIRCLE TALLAHASSEE, FL 32304</b>		
<b>TCB MARKETING</b> 2. Principal Place of Business <b>2908 PLANT ST.</b> Suite, Apt. #, etc.			<b>TCB MARKETING</b> 3. Mailing Address <b>2908 PLANT ST.</b> Suite, Apt. #, etc.		
City & State <b>TALLAHASSEE, FL</b>		City & State <b>TALLAHASSEE, FL</b>		4. FEI Number <b>59-3738674</b>	
Zip <b>32304</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DAUGHTERY, CHARLES 3964-5 S. CENTURY PARK CIRCLE TALLAHASSEE, FL 32304</b>				7. Name and Address of New Registered Agent Name <b>CHARLES DAUGHTERY</b> Street Address (P.O. Box Number is Not Acceptable) <b>2908 PLANT ST.</b> City <b>TALLAHASSEE, FL</b> Zip Code <b>32304</b>	
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  DATE <b>AUGUST 26, 2004</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAUGHTERY, CHARLES 3964-5 S CENTURY PARK CIR TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAUGHTERY, CHARLES 2908 PLANT ST. TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP STONE, RON 8091 TENNYSON DR TALLAHASSEE, FL 32309		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 				<b>8-26-04 (850) 574-6758</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

**FILED**  
 04 AUG 26 AM 9:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



08102004 Chg-LLC CR2E083 (10/03)

Applied For  
Not Applicable

Additional  
Fee Required

Zip Code  
32304

DATE  
AUGUST 26, 2004

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08/31/04--01056--011 \*\*\$50.00