

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 09, 2005  
Secretary of State**

DOCUMENT# L03000000629

Entity Name: TL&S, LLC

**Current Principal Place of Business:**

C/O ANDREW J. MARKUS, ESQ.  
100 SE 2ND ST., STE 4000  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ANDREW J. MARKUS, ESQ.  
100 SE 2ND ST., STE 4000  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 45-0495492      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CFRA, LLC  
CORPORATE CENTER THREE AT INT'L PLAZA  
4221 W. BOY SCOUT BLVD, 10TH FLOOR  
TAMPA, FL 336075736 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: ROWLAND, ROBERT  
Address: 3820 WINDMILL LAKE ROAD  
City-St-Zip: WESTON, FL 33332

Title: MGR      ( ) Delete  
Name: SARACINI, ANGELA  
Address: 3820 WINDMILL LAKE ROAD  
City-St-Zip: WESTON, FL 33332

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT ROWLAND

MGR

04/09/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date