

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000012589

1. Entity Name  
T&P INVESTMENT, LLC



Principal Place of Business  
2140 S.W. GATLIN BLVD.  
PORT ST LUCIE, FL 34953

Mailing Address  
2140 S.W. GATLIN BLVD.  
PORT ST LUCIE, FL 34953



04042006 No Chg-LLC

CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2354192

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LABOSSIERE, ALBERT  
2140 S.W. GATLIN BLVD.  
PORT ST LUCIE, FL 34953

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM  
NAME: LABOSSIERE, ALBERT  
STREET ADDRESS: 2140 SW GATLIN BLVD  
CITY-STATE-ZIP: PORT ST LUCIE, FL 34953

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00000496458  
04/22/06-80013-019 55.00

**DO NOT WRITE  
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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: *Albert Labossiere* ALBERT LABOSSIERE 4-8-06 272336-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

UNOFFICIAL MARK #