

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90046 010 \*\*\*\*50.00

<b>DOCUMENT # L03000014658</b> 1. Entity Name <b>TC ASSOCIATES, LLC</b>					
Principal Place of Business <b>7575 PELICAN BAY BOULEVARD</b> <b>#1603</b> <b>NAPLES, FL 34109 US</b>			Mailing Address <b>7575 PELICAN BAY BOULEVARD</b> <b>#1603</b> <b>NAPLES, FL 34109 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip <b>34108</b>	Country	Zip <b>34108</b>	Country	4. FEI Number <b>20-0191199</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>JOHNSON, KENNETH R</b> <b>4001 TAMiami TRAIL NORTH</b> <b>SUITE 300</b> <b>NAPLES, FL 34103</b>			Name <b>EVANS, KENNETH L</b> Street Address (P.O. Box Number is Not Acceptable) <b>7575 PELICAN BAY BLVD</b> <b>APT#1603</b> City <b>NAPLES</b> FL Zip Code <b>34108</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>EVANS, KENNETH L</b> <b>7575 PELICAN BAY BOULEVARD, #1603</b> <b>NAPLES, FL 34108</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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> <i>Kenneth L Evans</i>		Date <b>30 August '05</b> Daytime Phone # <b>239-598-5334</b>			