## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L03000014658** 

1. Entity Name TC ASSOCIATES, LLC

**FILED** Aug 30, 2006 08:00 A Secretary of State

Principal Place of Business

NAPLES, FL 34109

7575 PELICAN BAY BOULEVARD #1603

#1603

7575 PELICAN BAY BOULEVARD

NAPLES, FL 34109 US



07052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0191199

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**EVANS, KENNETH L** 7575 PELICAN BAY BLVD **APT # 1603** NAPLES, FL 34108

CITY-ST-ZIP TITLE , NAME STREET ADDRESS CITY-ST-ZIP

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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 reinstating)  DATE					
Fil Due i	ling Fee is \$50.00 by September 6, 2006	U00000575673			
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVANS, KENNETH L 7575 PELICAN BAY BOULEVARD, #1603 NAPLES, FL 34108				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE			
TITLE NAME STREET ADDRESS					

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is frue and accurate and that my signature shall have the same legal effect as if made under outh; 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.