


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90226 038 \*\*\*\*50.00

<b>DOCUMENT # L03000017823</b>		
1. Entity Name TCBJ, LLC		

Principal Place of Business 1023 MANATEE AVENUE WEST BRADENTON, FL 34205	Mailing Address 1023 MANATEE AVENUE WEST BRADENTON, FL 34205
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24016713



2. Principal Place of Business 6144 9th Ave. Cir. N.E. Suite, Apt. #, etc.	3. Mailing Address 6144 9th Ave. Cir. N.E. Suite, Apt. #, etc.
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03032004 Chg-LLC CR2E083 (10/03)

City & State Bradenton, FL	City & State Bradenton, FL
Zip 34212	Country
Zip 34212	Country

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MORIARTY, BRENDEN S 1023 MANATEE AVENUE WEST BRADENTON, FL 34205	

7. Name and Address of New Registered Agent	
Name Thomas C. Bennett, Jr.	
Street Address (P.O. Box Number is Not Acceptable) 6144 9th Ave. Cir. N.E.	
City Bradenton	FL Zip Code 34212

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 <i>Thomas C. Bennett, Jr.</i>	DATE 3-3-04

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUILDING EXCHANGE COMPANY 1023 MANATEE AVENUE WEST BRADENTON, FL 34205 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bennett, Thomas C., Jr. 6144 9th Ave. Cir. N.E. Bradenton, FL 34212 <input type="checkbox"/> Change <input checked="" 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
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
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.	
SIGNATURE: <i>Thomas C. Bennett, Jr.</i>	Thomas C. Bennett, Jr., MGRM 3-3-04 (941) 745-2061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #