2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Aug 01, 2005 8:00 am Secretary of State **DOCUMENT # L03000017823** 08-01-2005 90093 042 ****50.00 1. Entity Name TCBJ, LLC Principal Place of Business Mailing Address 6144 9TH AVE. CIR. N.E. 6144 9TH AVE. CIR. N.E. BRADENTON, FL 34212 BRADENTON, FL 34212 3. Mailing Address 6147 9th Ave. Cir. N.E. 2. Principal Place of Business 6147 9th Ave. Cir. N.E. Suite, Apt. #, etc. Suite, Apt. #, etc. 07202005 CR2E083 (10/03) City & State 4. FEI Number 52-244 2505 City & State Applied For 34212 Bradenton, NOT APPLICABLE Bradenton, 34212 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 34212 34212 US IIS 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bennett, Jr., Thomas C. BENNETT, JR., THOMAS C 6144 9TH AVE. CIR. N.E. Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34212 6147 9th Ave. Circle N.E. Zip Code 212 City Bradenton 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 Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM **MGRM** TITLE TITLE Addition _____ ☐ Delete Channe BENNETT, THOMAS C JR. NAME Bennett, Jr., Thomas C. STREET ADDRESS 6144 9TH AVE. CIR. N.E. STREET ADDRESS 6147 9th Ave. Circle N.E. CITY-ST-ZIP BRADENTON, FL 34212 CITY-ST-ZIP Bradenton, FL 34212 TITLE □ Deiete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

Daytime Phone #

7-20-2005

FILED