


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90048 039 \*\*\*\*50.00

<b>DOCUMENT # L03000021575</b>	
1. Entity Name <b>TDEC MANAGEMENT LLC</b>	

Principal Place of Business <b>200 SOUTH ORANGE AVE. SARASOTA, FL 34236</b>	Mailing Address <b>200 SOUTH ORANGE AVE. SARASOTA, FL 34236</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01172006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>WAGNER, E. JOHN II 200 SOUTH ORANGE AVE. SARASOTA, FL 34236</b>	
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7. Name and Address of New Registered Agent	
Name <b>E. John Wagner, II</b>	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> Zip Code	

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 **1/17/06**

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WAGNER, II, E. JOHN <input type="checkbox"/> Delete 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael J. Wilson 200 South Orange Avenue Sarasota, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete HARTENSTINE, J. MICHAEL 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete SEIDER, WILLIAM M 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete TURNER, JAMES L 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MGR</del> <input type="checkbox"/> Delete <del>Michael J. Wilson</del> <del>200</del>	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"/> Delete	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 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:**

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

**1/17/06**  
Date

**941.536.2037**  
Daytime Phone #