

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90065 008 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000027109 1. Entity Name TBC, L.L.C.					
Principal Place of Business RICHARD JACOBSON 1933 OCEANVIEW DR. TIERRA VERDE, FL 33715			Mailing Address RICHARD JACOBSON 1933 OCEANVIEW DR. TIERRA VERDE, FL 33715		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0107989	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KOPEL, DENISE 1933 OCEANVIEW DR. TIERRA VERDE, FL 33715			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm Jayco Associates, Inc. 1933 Oceanview Drive Tierra Verde, FL 33715	
☐ Change ☒ Addition			☐ Change ☐ Addition		
☐ Change ☐ Addition			☐ Change ☐ Addition		
☐ Change ☐ Addition			☐ Change ☐ Addition		
☐ Change ☐ Addition			☐ Change ☐ Addition		
☐ Change ☐ Addition			☐ Change ☐ 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: x  4-26-04 727-867-2054 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					
Martin Jacobson, Pres. of Jayco Associates, Inc.					

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