2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:
SIGNATURE AND TYPED OR PRINTERS HAME OF SIGNALS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

| ANNUAL REPORT (AR) | | | | FILED |
|--|---|--|---|---|
| DOCUMENT # L03000027109 1. Entity Name | | | | Jan 28, 2005 08:00 AM Secretary of State |
| TBC, L.L. | .C. | | | Secretary of State |
| Principal Place of Business Mailing A | | Mailing Address | | - |
| RICHARD JACOBSON 1933 OCEANVIEW DR. | | RICHARD JACOBSON 1933 OCEANVIEW DR, | | |
| | RDE FL 33715 | TIERRA VERDE FL 337 | | I LEEREN BIJ BERNE 1997 BERN BERN BERN BERN BERN BERN BERN BERN |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | | 1st MOORE CR2E083 (10/04) |
| City & State | | City & State | | 4. FEI Number 20-0107989 Applied For Not Applied For |
| Zıp | Country | Zip | Country | 5. Certificate of Status Desired \$5.00 Additional Fee Regulred |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registered Agent |
| KODEL DENICE | | | - Name | |
| KOPEL, DENISE 1933 OCEANVIEW DR. TIERRA VERDE FL 33715 | | | Street Addre | ss (P.O. Box Number is Not Acceptable) |
| | | | - | |
| | | | City | . FL Zip Code |
| 8. The above the obliga | named entity submits this statement for tions of registered agent. | or the purpose of changing its | registered office or regi | stered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable (NOTE | Registered Agent signature req | |
| | | FILE NO | W!!! FEE IS \$50.0 | 0 |
| | | Make Check Payabl | e to Florida Departi By May 1, 2005 | nent of State |
| 9. | MANAGING MEMBE | | 10. | ADDITIONS/CHÂNGES |
| Mile | MGRM | ☐ Delete | MILE | Linggerangers Change Addition |
| NAME STORET ADODECC | JAYCO ASSOCIATES, INC | | NAME | U00000202619 01/28/05-80115-023 55.00 |
| STREET ADDRESS Caty St. 21P | 1933 OCEANVIEW DRIVE SAINT PETERSBURG FL 33715 | | STREET ADDRESS OUTY STORP | 01/20/00 00113 023 33,00 |
| TITLE | | ☐ Detete | ITUE | ☐ Change ☐ Addition |
| NAME | • | | NAME | |
| STREET ADDRESS CITY ST-ZIP | | | STREET ADDRESS (CHY+ST+ZIP | |
| MILE | <u> </u> | ☐ Delete | ntie | ☐ Change ☐ Addiffer |
| NAME | | Colete | NAME | Contained To Assessing |
| STREET ADDRESS | } | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-SI-ZIP | |
| TITLE NAME | | ☐ Delete | THE | Change Addition |
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| CITY - \$1 - ZIP | | | CITY-ST-ZIP | |
| UTLE | | Detete | DELE | ☐ Change ☐ Admite |
| NAME CLOUD ADDRESS | | | NAME | |
| STREET ADDRESS CITY ST-ZIP | | | STREET ADDRESS CHY-ST-ZIP | |
| TITLE | | Delete | THE | ☐ Change ☐ Addition |
| NAME | | - Solow | NAME | Fr Allerida Fri Lumina |
| STREET ADDRESS | | | STHELL ADDRESS | |
| CITY ST-ZIP | <u> </u> | <u> </u> | CHTY-ST-ZIP | |
| 11. I hereby of indicated limited lia | certify that the information supplied with I on this report is true and accurate and ability company or the receiver or truster | n this filing does not qualify for that my signature shall have to e empowered to execute this n | the exemption stated in he same legal effect as eport as required by Ch | Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under cath, that I am a managing member or manager of the apter 608, Florida Statutes. |