

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000027951

1. Entity Name
TIC 3501, LLC



Principal Place of Business
P.O. BOX 85
WEST PALM BEACH, FL 33402

Mailing Address
P.O. BOX 85
WEST PALM BEACH, FL 33402



04132005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0124538

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SCOTT A
505 S. FLAGLER DRIVE, SUITE 1010
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME JOHNSON, RICHARD S JR
STREET ADDRESS P.O. BOX 85
CITY-ST-ZIP WEST PALM BEACH, FL 33402

TITLE MGR
NAME JOHNSON, SCOTT A
STREET ADDRESS P.O. BOX 85
CITY-ST-ZIP WEST PALM BEACH, FL 33402

TITLE MGR
NAME KOENIG, PATRICK C
STREET ADDRESS P.O. BOX 85
CITY-ST-ZIP WEST PALM BEACH, FL 33402

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U00000332132
04/26/05-80045-024 \$0.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Scott A. Johnson 4/22/05

Date

561-655-7200

Daytime Phone #