



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90244 027 \*\*\*\*50.00

DOCUMENT # L03000027952					
1. Entity Name TIC 3502, LLC					
Principal Place of Business 340 ROYAL PALM WAY, SUITE 101 PALM BEACH, FL 33480			Mailing Address 340 ROYAL PALM WAY, SUITE 101 PALM BEACH, FL 33480		
2. Principal Place of Business		3. Mailing Address 505 S Flagler Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 1010			
City & State		City & State West Palm Beach, FL		02172006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 20-0124548	
33401		USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHNSON, SCOTT A 505 S. FLAGLER DRIVE, SUITE 1010 WEST PALM BEACH, FL 33401			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 reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PATAPEDIA MANAGEMENT, INC. 340 ROYAL PALM WAY, SUITE 101 PALM BEACH, FL 33480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			3-3-06 561-655-7200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		