

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029362

Entity Name: TSSW, LLC

FILED
Apr 07, 2006
Secretary of State

Current Principal Place of Business:

1215 ATLANTA AVENUE
ORLANDO, FL 328063912

New Principal Place of Business:

525 SHAW LAKE ROAD
PIERSON, FL 32180

Current Mailing Address:

1857 LAKE GROVE LANE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 81-0631234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTERN, WILLIAM L
1215 ATLANTA AVENUE
ORLANDO, FL 328063912 US

Name and Address of New Registered Agent:

MATTERN, WILLIAM
1857 LAKE GROVE LANE
ORLANDO, FL 32806 US

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.

SIGNATURE: WILLIAM MATTERN

04/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MATTERN, WILLIAM L
Address: 1215 ATLANTA AVENUE
City-St-Zip: ORLANDO, FL 328063912

Title: MGR () Delete
Name: MATTERN, TINA
Address: 1215 ATLANTA AVENUE
City-St-Zip: ORLANDO, FL 328063912

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MATTERN, WILLIAM
Address: 1857 LAKE GROVE LANE
City-St-Zip: ORLANDO, FL 32806

Title: MGR (X) Change () Addition
Name: MATTERN, TINA
Address: 1857 LAKE GROVE LANE
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM MATTERN

MGR

04/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date