2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031632

Entity Name: TCS OBSOLETE, LLC

FILED Sep 10, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

975 FLORIDA CENTRAL, SUITE 1900 976 FLORIDA CENTRAL, SUITE 136

LONGWOOD, FL 32750 LONGWOOD, FL 32750

Current Mailing Address: New Mailing Address:

975 FLORIDA CENTRAL, SUITE 1900 PO BOX 521787

LONGWOOD, FL 32750 LONGWOOD, FL 32752

FEI Number: 56-2424566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:

Date

Title:

ADDITIONS/CHANGES:

Electronic Signature of Registered Agent

(X) Change () Addition

MANAGING MEMBERS/MANAGERS:

() Delete

POSEA, DAVID G POSEA, DAVID G Name: Name:

Address: 975 FLORIDA CENTRAL, SUITE 1900 Address: 976 FLORIDA CENTRAL, SUITE 136

City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: LONGWOOD, FL 32750

Title: MGR Title: (X) Change () Addition () Delete Name: JOHNSON, CHRISTOPHER W JR. Name: JOHNSON, CHRISTOPHER W JR. Address: 975 FLORIDA CENTRAL, SUITE 1900 Address: 976 FLORIDA CENTRAL, SUITE 136

City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER W JOHNSON JR **PRES** 09/10/2008