

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033015

Entity Name: T.S.I. STRATEGIES, LLC

FILED  
May 25, 2007  
Secretary of State

**Current Principal Place of Business:**

140 S.E. 8TH ST  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

140 S.E. 8TH ST  
CAPE CORAL, FL 33990

**New Mailing Address:**

FEI Number: 20-0199666      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

ROACH, JAMES L  
140 S. E. 8TH ST  
CAPE CORAL, FL 33990      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: ROACH, JAMES L  
Address: 140 S.E. 8TH ST  
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM      ( ) Delete  
Name: FEIN, ARNOLD E  
Address: PO BOX 34228  
City-St-Zip: LONGBOAT KEY, FL 34228 99

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES L. ROACH

MGRM

05/25/2007

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