

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90024 040 ****50.00

DOCUMENT # L03000033886

1. Entity Name
TLS RECORD SERVICES, LLC



Principal Place of Business
**1804 BREngle AVE
 ORLANDO, FL 32808**

Mailing Address
**613 GOLDEN DAWN LANE
 APOPKA, FL 32712**

2. Principal Place of Business
1905 BREngle AVE

3. Mailing Address
4006 BERMUDA GROVE PLACE

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
LONGWOOD, FL

Zip
32808

Country
USA

Zip
32779

Country
USA



04162005 Chg-LLC CR2E083 (10/03)

4. FEI Number
05-0583840

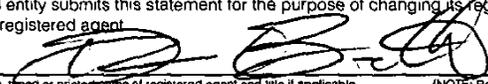
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent -
**BOOTH, DENNIS
 613 GOLDEN DAWN LANE
 APOPKA, FL 32712**

7. Name and Address of New Registered Agent
 Name **DENNIS BOOTH**
 Street Address (P.O. Box Number is Not Acceptable)
4006 BERMUDA GROVE PLACE
 City **LONGWOOD** FL Zip Code **32779**

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  **DENNIS BOOTH** DATE **4-18-05**

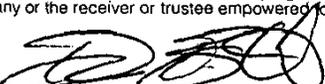
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOOTH, DENNIS 613 GOLDEN DAWN LANE APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4006 BERMUDA GROVE PLACE LONGWOOD, FL 32779
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
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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 exemption stated in Section 119.07(3)(i), 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 60B, Florida Statutes.

SIGNATURE:  **DENNIS BOOTH** DATE **4-18-05** Daytime Phone # **407-298-2686**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE