

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035127

FILED
Apr 29, 2004
Secretary of State

Entity Name: T BROS. ENTERPRISES, LLC

Current Principal Place of Business:

2027 REGENTS BLVD.
WEST PALM BEACH, FL 33409

New Principal Place of Business:

332 BANYAN BLVD.
WEST PALM BEACH, FL 33401

Current Mailing Address:

2027 REGENTS BLVD.
WEST PALM BEACH, FL 33409

New Mailing Address:

P.O. BOX 7609
WEST PALM BEACH, FL 33405

FEI Number: 20-0253169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, TOM
2027 REGENTS BLVD.
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

THOMAS, JOLLY
P.O. BOX 7609
WEST PALM BEACH, FL 33405 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: JOLLY THOMAS

04/29/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: THOMAS, TOM
Address: 2027 REGENTS BLVD.
City-St-Zip: WEST PALM BEACH, FL 33409

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THOMAS, TOM
Address: 8 SHANNON CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Change (X) Addition
Name: THOMAS, REJY
Address: 8 SHANNON CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REJY THOMAS

MGR

04/29/2004

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