

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L03000038448 1. Entity Name TLC PROPERTIES OF LAKELAND LLC	
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Principal Place of Business 8624 HARRISON RD. LAKELAND, FL 33810 US	Mailing Address PO BOX 1086 LAKELAND, FL 33802 US
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DO NOT WRITE IN THIS SPACE



04072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0294275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CONBOY, TERESA
 8624 HARRISON RD.
 LAKELAND, FL 33810

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONBOY, TERESA 8624 HARRISON RD. LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONBOY, TIM 8624 HARRISON RD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUTTELL, MICHELE 8624 HARRISON RD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONBOY, JACOB 8624 HARRISON RD. LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/24/08-80088-017 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE: Teresa L Conboy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____