

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000042814

1. Entity Name
 TSL REALTY MANAGEMENT, LLC



Principal Place of Business
 2110 HERSCHEL STREET
 JACKSONVILLE, FL 32204

Mailing Address
 2110 HERSCHEL STREET
 JACKSONVILLE, FL 32204



02142006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 26-3660091

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LOBRANO, THOMAS S III
 2110 HERSCHEL STREET
 JACKSONVILLE, FL 32204

**DO NOT WRITE
 IN THIS SPACE**

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 _____ DATE _____
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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
 NAME LOBRANO, THOMAS S III
 STREET ADDRESS 2110 HERSCHEL STREET
 CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

U00000441125
 03/03/06-80023-016 150.00

**DO NOT WRITE
 IN THIS SPACE**

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: Tom S. Lobrano, Mgr 02-16-06 904-388-5002

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

Date

Daytime Phone #