


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000042814  
 1. Entity Name  
 TSL REALTY MANAGEMENT, LLC



|   |   |
|---|---|
| Principal Place of Business<br>2110 HERSCHEL STREET<br>JACKSONVILLE, FL 32204 | Mailing Address<br>2110 HERSCHEL STREET<br>JACKSONVILLE, FL 32204 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



03122007 No Chg-LLC      CR2E083 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>26-3660091                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> 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, 2007**

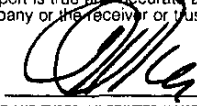
00000671824  
03/28/07-80043-025 50.00

9. MANAGING MEMBERS/MANAGERS

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

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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:       3/13/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #