

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90254 023 \*\*\*\*50.00

<b>DOCUMENT # L03000048487</b>					
<b>1. Entity Name</b> TS INVESTORS, LLC					
<b>Principal Place of Business</b> 615 SHERIDAN BLVD ORLANDO, FL 32804			<b>Mailing Address</b> 615 SHERIDAN BLVD ORLANDO, FL 32804		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 56-2420487 <span style="float: right;">Applied For Not Applicable</span>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				03102004 Chg-LLC CR2E083 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  CHRISTIANSEN, TODD M 615 SHERIDAN BLVD ORLANDO, FL 32804			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL Zip Code</span>		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reappointing) <span style="float: right;">DATE</span>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Todd M. Christiansen 615 Sheridan Boulevard Orlando, Florida 32804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sean C. Christiansen 736 Upland Road West Palm Beach, Florida 33401	
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	
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	
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	
<b>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 608, Florida Statutes.</b>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <span style="float: right;">Daytime Phone #</span>		

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