## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT #L03000048487** 02-23-2006 90231 007 \*\*\*\*50.00 1. Entity Name TS INVESTORS, LLC Principal Place of Business Mailing Address PAATAAAA **615 SHERIDAN BLVD** 615 SHERIDAN BLVD ORLANDO, FL 32804 ORLANDO, FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 56-2420487 Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHRISTIANSEN, TODD M Street Address (P.O. Box Number is Not Acceptable) 615 SHERIDAN BLVD ORLANDO, FL 32804 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TIT1 F ☐ Change ☐ Addition CHRISTIANSEN, TODD M NAME NAME 615 SHERIDAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32804 City-St-ZIP MGRM 4 TITLE Delete Change ☐ Addition TITLE MGRM CHRISTIANSEN, SEAN C NAME NAME Sean C. Christiansen STREET ADDRESS 736 UPLAND RD STREET ADDRESS 4050 Shorecrest Drive WEST PALM BEACH, FL 33401 CITY-ST-ZIP CITY-ST-ZIP Orlando, Florida 32804 TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CCTY-ST-ZIP CITY-ST-719 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 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 expowered to execute this report as required by Chapter 608, Florida Statutes.

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

2119106

407-926-1931

FILED Feb 23, 2006 8:00 am