2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000048487

1. Entity Name
TS INVESTORS, LLC



FILED Feb 21, 2008 08:00 AN Secretary of State

Principal Place of Business

615 SHERIDAN BLVD ORLANDO, FL 32804 Mailing Address

615 SHERIDAN BLVD ORLANDO, FL 32804



02142008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number			Applied For
	56-2420487			Not Applicable
5.	Certificate of Status Desired		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CHRISTIANSEN, TODD M 615 SHERIDAN BLVD ORLANDO, FL 32804

NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

			· · · · · · · · · · · · · · · · · · ·
	e named entity submits this statement for the purpose of chan tions of registered agent.	ging its registered office or registered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.			
_	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DAYE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	•	
NAME	CHRISTIANSEN, TODD M		
STREET ADDRESS	615 SHERIDAN BLVD		
CITY-ST-ZIP	ORLANDO, FL 32804		
TITLE	MGRM		UN0000834714
NAME	CHRISTIANSEN, SEAN C	İ	U00000834714 02/29/08-80003-007 138.75
STREET ADDRESS	4050 SHORECREST DR	i i	
CITY - ST - ZIP	ORLANDO, FL 32804		
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11. I hereby certify that the information supplied with this filling 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: WILLIAM WILLIAM AND TABLE OF BRIGHTED MANE OF BIGNING MANAGING MEMBER OF ALVANORIZED REPRESENTAN

Date

561-714-1523