


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L03000054286 <b>1. Entity Name</b> TBR DEVELOPMENT, LLC	
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<b>Principal Place of Business</b> 202 SOUTH ROME AVENUE, SUITE 100 TAMPA, FL 33606	<b>Mailing Address</b> 202 SOUTH ROME AVENUE, SUITE 100 TAMPA, FL 33606
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**DO NOT WRITE IN THIS SPACE**

04112005No Chg-LLC CR2E083 (10/03)

<b>4. FEI Number</b> 41-2125913	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

FOSTER, MATTHEW J ESQUIRE  
C/O ALLEN DELL, P.A.  
202 SOUTH ROME AVENUE, SUITE 100  
TAMPA, FL 33606

**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** \_\_\_\_\_ 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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	MGR
<b>NAME</b>	PRESTON, WALTER E
<b>STREET ADDRESS</b>	1320 33RD STREET
<b>CITY - ST - ZIP</b>	PALMETTO, FL 34221
<b>TITLE</b>	MGR
<b>NAME</b>	PRESTON, WHITING H
<b>STREET ADDRESS</b>	1320 33RD STREET
<b>CITY - ST - ZIP</b>	PALMETTO, FL 34221
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

U00000318014  
04/20/05-80041-020 50.00

**DO NOT WRITE  
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**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.

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

**4-13-05 941-722-3279**  
Date Daytime Phone #