

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

DOCUMENT # L04000016394

1. Entity Name
TBS ORLANDO, LLC



04-25-2007 90132 001 ****16.67
04-25-2007 90132 002 ****16.67
04-25-2007 90132 003 ****16.66

Principal Place of Business
**215 GRAND BLVD, STE 101
DESTIN, FL 32550**

Mailing Address
**215 GRAND BLVD, STE 101
DESTIN, FL 32550**

30005688



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-2110198

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURKE, M. TODD ESQ
BURKE, BLUE, HUTCHISON & WALTERS, P.A.
215 GRAND BLVD, STE 101
DESTIN, FL 32550**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **BURKE, M. TODD**
STREET ADDRESS **215 GRAND BLVD, STE 101**
CITY-ST- ZIP **DESTIN, FL 32550**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Asso Burke, Manager

4/23/07

850-267-9498