#### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

### **DOCUMENT # L04000016394**

1. Entity Name

TBS ORLANDO, LLC

Principal Place of Business

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

215 GRAND BLVD, STE 101 DESTIN, FL 32550

# FILED Jun 27, 2008 8:00 am Secretary of State

06-27-2008 90057 005 \*\*\*138.75

# 50007666

DATE



## DO NOT WRITE IN THIS SPACE

06242008 No Chg-LLC

CR2E083 (12/07)

FEI Number
 20-2110198

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6.	Name	and Addre	ass of	Current	Registere	d Agent

Signature, typed or printed name of registered agent and title if applicable

BURKE, M. TODD ESQ

BURKE, BLUE, HUTCHISON & WALTERS, P.A.

215 GRAND BLVD, STE 101

DESTIN, FL 32550

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:

(NOTE; Registered Agent signature required when reinstating)

#### FILE NOWII! FEE IS \$138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

l	9.	MANAGING MEMBERS/MANAGERS
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURKE, M. TODD 215 GRAND BLVD, STE 101 DESTIN, FL 32550
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:

Jad Bule, Manager

6/24/08

850-267-9498

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