# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 27, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L04000022190

1. Entity Name
TCBF, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 254-256 KATONAH AVENUE<br>KATONAH, NY 10353 US | P.O. BOX 803<br>KATONAH, NY 10536 US |

**DO NOT WRITE IN THIS SPACE**

03172006No Chg-LLC CR2E083 (11/05)

4. FEI Number
30-0238978

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSNER, CHARLES
15645 COLLINS AVENUE
APT. #905
SUNNY ISLES, FL 33160

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2006**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | ROSNER, CHARLES |
| STREET ADDRESS | 15645 COLLINS AVENUE, APT. #905 |
| CITY-ST-ZIP | SUNNY ISLES, FL 33160 |
| TITLE | MGRM |
| NAME | SAMET, DANIEL |
| STREET ADDRESS | 15645 COLLINS AVENUE, APT. #905 |
| CITY-ST-ZIP | SUNNY ISLES, FL 33160 |
| TITLE | |
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04/11/06-80057-009 50.00

**DO NOT WRITE IN THIS SPACE**

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:** Charles Rosner 3/20/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #