2005 LIMITED LIABILITY COMPANY

Jul 07, 2005 8:00 am **ANNUAL REPORT** Secrétary of State **DOCUMENT # L04000031358** 07-07-2005 90099 002 ****50.00 TST ENTERPRISES, LLC Principal Place of Business Mailing Address 2960 BOUGAINVILLEA ST 2960 BOUGAINVILLEA ST SARASOTA, FL 34292 SARASOTA, FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06292005 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number Applied For City & State 20 100 4061 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KILLOREN, TIMOTHY J Street Address (P.O. Box Number is Not Acceptable) 2960 BOUGAINVILLEA ST SARASOTA, FL 34292 Oμ City 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 bite if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR Delete TITLE Change ■ Addition KILLOREN, TIMOTHY J NAME NAME STREET ADDRESS 2960 BOUGAINVILLEA ST STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34292 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ITILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Detete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition MLE TITLE NAME NAME

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with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the using empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplies indicated on this report is true and accurationited liability company of the receiver of

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: NATURE AND TYPED OR EMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADORESS

CITY-ST-ZIP