

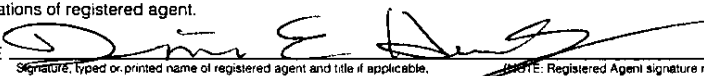



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90197 010 ****50.00

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|--|--|--|--|--|--|
| DOCUMENT # L04000039076 1. Entity Name TD PROPERTIES LLC | | | |  | |
| Principal Place of Business 6723 CREWS WOOD LANE LAKELAND, FL 33813 | | | | Mailing Address 6723 CREWS WOOD LANE LAKELAND, FL 33813 | |
| 2. Principal Place of Business 5530 Commercial Blvd. | | 3. Mailing Address 5530 Commercial Blvd. | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Winter Haven, FL | | City & State Winter Haven, FL | | | |
| Zip 33880 | | Country US | | 4. FEI Number 20-1017154 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | 02062006 Chg-LLC CR2E083 (11/05) | |
| 6. Name and Address of Current Registered Agent HUCKERY, THOMAS 6723 CREWS WOOD LANE LAKELAND, FL 33813 | | | | 7. Name and Address of New Registered Agent Name Dina Huckery 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE 2-28-06 <small>DATE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE MGR <input type="checkbox"/> Delete NAME HUCKERY, THOMAS STREET ADDRESS 6723 CREWS WOOD LANE CITY-ST-ZIP LAKELAND, FL 33813 | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE MGR <input type="checkbox"/> Delete NAME HUCKERY, DINA STREET ADDRESS 6723 CREWS WOOD LANE CITY-ST-ZIP LAKELAND, FL 33813 | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
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| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | DATE 2-28-06 DAYTIME PHONE # 8635513388 | |