2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

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Entity Name: T&D PROPERTIES, LLC

Current Principal Place of Business:

3650 NORTH FEDERAL HIGHWAY, UNIT 201
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

3650 NORTH FEDERAL HIGHWAY
SUITE 201
LIGHTHOUSE POINT, FL 33064

Current Mailing Address:

3650 NORTH FEDERAL HIGHWAY, UNIT 201
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

3650 NORTH FEDERAL HIGHWAY
SUITE 201
LIGHTHOUSE POINT, FL 33064

FEI Number: 20-1280807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TURBYFILL, JODI M
3650 NORTH FEDERAL HIGHWAY
SUITE 201
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: TURBYFILL, JODI MARIA
Address: 3650 NORTH FEDERAL HIGHWAY, UNIT 201
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: MGR ( ) Delete
Name: DAVID, STEPHEN J
Address: 3650 NORTH FEDERAL HIGHWAY, UNIT 201
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JODI TURBYFILL MGR 04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date