2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State

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05022005 Chg-LLC CR2E083 (10/03)

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1. Entity Name
TY-INVESTORS, LLC

Principal Place of Business	Mailing Address
324 DATURA STREET 235 WEST PALM BEACH, FL 33401	324 DATURA STREET 235 WEST PALM BEACH, FL 33401

2. Principal Place of Business	3. Mailing Address
2995 Burgoyne Lane	2995 Burgoyne Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33409 Country:	Zip: 33409 Country:

4. FEI Number: 26-0116379 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SELF, DAVID C II
324 DATURA STREET
235
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name: Marethia A Williams
Street Address (P.O. Box Number is Not Acceptable): 2995 Burgoyne Lane
City: West Palm Beach FL Zip Code: 33409

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] 4/29/05
Signature, typed or printed name of registered agent and title 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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SELF, DAVID C II 324 DATURA STREET, SUITE 235 WEST PALM BEACH, FL 33401	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Marethia A Williams 2995 Burgoyne Lane West Palm Beach, FL 33409	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] Marethia A. Williams 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #