2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 11, 2008 8:00 am Secretary of State

DOCUMENT # L04000046404 1. Entity Name T.B.V., L.L.C.					01-11-2008	3 90079 031 ***1:	38.75
Principal Plac		Mailing Address					
2001 16TH STREET NORTH St. Petersburg, Fl. 33704		2001 16TH STREET NORTH St. Petersburg, Fl. 33704					
JIII ETENDE	JONG, TE 33701	51.1212N355N5,12 30	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1000011 90	86411 81811 88111 98116 8811	n Bain Bibib Silic Bigh Grife Big	18 S I 11E 18 S I
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092008	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Numbe 20-1272		<u> </u>	plied For at Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S5.00 Add Fee Required	
	6. Name and Address of Current	Registered Agent	News	7. Name and	Address of New R	egistered Agent	
 JENSEN, PAUL C		Name					
2001 16TH STREET NORTH ST. PETERSBURG, FL 33704			Street Addres	s (P.O. Box Numbe	r is Not Acceptable	9)	
			City			Tip Code	
The above named entity submits this statement for the purpose of changing its regis				FL Zip Code			
	named entity submits this statement folions of registered agent.	or the purpose of changing its re	egistered office or regis	stered agent, or bot	h, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and site if applicable. (NOTE:	Registered Agent signature requ	ared when reinstating)		DATE	
	FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						
		5				e check payable to a Department of State	B
			10.			Department of State	B
9.	y 1, 2008 Fee will be \$538.75 MANAGING MEMBE MGR		TITLE		Florida	Department of State	Addition
After May	y 1, 2008 Fee will be \$538.75 MANAGING MEMBE	ERS/MANAGERS			Florida	CHANGES	
9. TITLE NAME	MANAGING MEMBE MANAGING MEMBE MGR JENSEN, PAUL C 2001 16TH STREET NORTH ST. PETERSBURG, FL 33704	ERS/MANAGERS	TITLE NAME		Florida	CHANGES	
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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 and typed or protect name of signing managing member, manager, or authorized represe

1-9.08

727-825-00

Date Daytime Pho