

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90066 049 ****50.00

DOCUMENT # L04000047359					
1. Entity Name TFB INVESTMENTS LLC					
Principal Place of Business 665 SE 10TH STREET SUITE 201 DEERFIELD BEACH, FL 33441			Mailing Address 3170 N FEDERAL HIGHWAY #103-C LIGHTHOUSE POINT, FL 33064		
2. Principal Place of Business			3. Mailing Address 665 SE 10th St Suite, Apt. #, etc. 201		
City & State Deerfield Beach FL			4. FEI Number 20-1283212		
Zip 33441			Country US		
6. Name and Address of Current Registered Agent DICRESCENZO, ANGELA D 3170 N FEDERAL HIGHWAY 103-C LIGHTHOUSE POINT, FL 33064			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 665 SE 10th St 201 Deerfield Beach FL 33441		
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 				DATE 4/13/06	
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM DICRESCENZO, ANGELA D 3711 NE 27TH AVENUE LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DICRESCENZO, RONALD 3711 NE 27TH AVENUE LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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 		
DATE 4/14/06			Daytime Phone #		