

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000050548

Entity Name: TB GROUP LLC

FILED
Aug 30, 2005
Secretary of State

Current Principal Place of Business:

26676 PLAYERS CIRCLE
AP# 2
LUTZ, FL 33559 US

New Principal Place of Business:

7311 NW 12TH. STREET #07
MIAMI, FL 33126 US

Current Mailing Address:

26676 PLAYERS CIRCLE
AP#2
LUTZ, FL 33559 US

New Mailing Address:

7311 NW 12TH. STREET #07
MIAMI, FL 33126 US

FEI Number: 56-2469986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECERRA, BILLY E
26676 PLAYERS CIRCLE
AP#2
LUTZ, FL 33559 US

Name and Address of New Registered Agent:

BECERRA, GINO
#LIM3078, 1601 NW 97TH AVE.
DORAL, FL 33172 US

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: GINO BECERRA

08/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BECERRA, BILLY E
Address: 26729 AFFIRMED DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: MGR (X) Delete
Name: BECERRA, GINO
Address: COD#00280041 7311 NW 12TH. STREET #07
City-St-Zip: MIAMI, FL 33126 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BECERRA, GINO
Address: #LIM3078, 1601 NW 97TH AVE.
City-St-Zip: DORAL, FL 33172 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GINO BECERRA

MGR

08/30/2005

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