

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000051124

Entity Name: T-BAN PROPERTIES, LLC

FILED
Sep 21, 2007
Secretary of State

Current Principal Place of Business:

250 181 DRIVE
SUITE 211
SUNNY ISLES BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

250 181 DRIVE
SUITE 211
SUNNY ISLES BEACH, FL 33160 US

New Mailing Address:

FEI Number: 20-1346860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WYCHE, JOHN A MGRM
250 181 DRIVE
SUITE 211
SUNNY ISLES BEACH, FL 33160 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: MGRM () Delete
Name: ROSS, KEITH A
Address: 512 KEESAMO WAY
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM () Delete
Name: WYCHE, JOHN A
Address: 250 181 DRIVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: MGRM () Delete
Name: WYCHE, BURNELL
Address: 2082 SOUTH STREET
City-St-Zip: PAVO, GA 31778

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: ABNER, TRACIE
Address: 1280 NW 182 STREET
City-St-Zip: MAIMI, FL 33169

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: JOHN WYCHE

MGRM

09/21/2007

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