

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051217

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: TBD LLC

**Current Principal Place of Business:**

10600 S.W. 47TH STREET  
FORT LAUDERDALE, FL 33328 US

**New Principal Place of Business:**

**Current Mailing Address:**

10600 S.W. 47TH STREET  
FORT LAUDERDALE, FL 33328 US

**New Mailing Address:**

FEI Number: 11-3723545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GODFREY, RONALD  
10600 S.W. 47TH STREET  
FT. LAUDERDALE, FL 33328 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: MGR ( ) Delete  
Name: KRAMER, MICHAEL  
Address: 529 W. 111 STREET, APT. 53  
City-St-Zip: NEW YORK, NY 10025 US

Title: MGRM ( ) Delete  
Name: METZGER, JUDITH  
Address: 4834 EXETER ESTATES LN  
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM ( ) Delete  
Name: METZGER, DARIN  
Address: 10 HILLSIDE AVE, #14  
City-St-Zip: ENGLEWOOD, NJ 07631 US

**ADDITIONS/CHANGES:**

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

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

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

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: MICHAEL KRAMER

MGR

01/07/2009

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