2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-17-2006 90027 019 ****50.00

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1. Entity Name
TIC BRANDON LAKES, LLC

30003858

Principal Place of Business	Mailing Address
1428 BRICKELL AVENUE SUITE 105 MIAMI, FL 33131	1428 BRICKELL AVENUE SUITE 105 MIAMI, FL 33131
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02012006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 20-1622394 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
M & W AGENTS, INC. 2101 CORPORATE BOULEVARD, SUITE 107 BOCA RATON, FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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~~ ~~HALPRYN, GLENN L~~ ~~1428 BRICKELL AVENUE, #105~~ ~~MIAMI FL 331313409~~ ☐ Delete *Delete*	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MBR~~ ~~HALPRYN, GLENN L.~~ ~~1428 BRICKELL AVE., SUITE 105~~ ~~MIAMI, FL~~ ☒ Change ☐ Addition *Delete*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*Managing Member* ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MNGMBR T.I.C. DEVELOPMENT CORPORATION 1428 BRICKELL AVE., SUITE 105 MIAMI, FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: T.I.C. DEVELOPMENT CORPORATION BY [signature] ERNEST M. HALPRYN, PRESIDENT 02/06/2006 (305) 371-4112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #