2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000068424 1. Entity Name					Secretary of State			
TB, LLC								
Principal Place of Business 2123 N.E. COACHMAN ROAD SUITE A CLEARWATER FL 33765		Mailing Address 2123 N.E. COACHMAN ROAD SUITE A CLEARWATER FL 33765						
2. Principal Place of Business		3. Mailing Address			- F TO B (FOLK) & S.Z. & S.K.A. & FOLK) & BASK (\$ 88)	(4) 40 111 04 11 5 5 74 5 2 11	FRIE SERIO ISBN 1811	AOOF KIE KOOL
Suite, Apt. #, etc.		Suite, Apt #, etc.			1st MOORE	CR2E083	(10/05)	
City & State		City & State			4. FEI Number AP-PLIED	FOR	}	oplied Fo
Zip Country		Zip	Country		5. Certificate of Status Desired	, D ;	55.00 Add	ditional
	6. Name and Address of Current	Registered Agent	Nair	e	7. Name and Address of New	Registered A	gent	
LITTLE, THOMAS C 2123 N.E. COACHMAN ROAD SUITE A			Stree	Street Address (P.O. Box Number is Not Acceptable)				
CLE	EARWATER FL 33765		City			FL	Zip Cod	e
	a named entity submits this statement to tions of registered agent.	or the purpose of changing it	ts registered offic	e or registe	red agent, or both, in the State of F	lorida. I am fa	amiliar with,	and acc
SIGNATURE	Ligrature, type d or pristed name of registered agent	and title if applicable [NO	NE Hegistated Agents	hraneledree	d when renstating)	DATE		
		Make Check Payal	IOW!!! FEE IS ble to Florida I ue By May 1, 2	Departme	ent of State			
9.	MANAGING MEMBI		10.		ADDITIONS	CHANGES	=	
TITLE NAME STREET ADDRESS CHY-SI-ZIP	MGRM JOHNSON, THERESA A 2123 N.E. COACHMAN ROAD CLEARWATER FL 33765	☐ Defete	TITLE NAME STREET ADDRE CITY-SY-ZIP	ss		24352 0110-00	Change	 } }
TITLE NAME STREET ADDRESS CITY-ST-74P		☐ Delete	TITLE NAME STREET ADDRE CSTY-ST-ZIP	SS			☐ Change	Ad-
TITLE NAME STRLET ADDRESS CITY-ST-ZIP		□ Oeloto	TITLE NAME STREET AODRE CITY-ST-ZIP	ss		•	Change	FA □
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	INTLE NAME STREET ADDRE ENTY-ST-ZIP	22			☐ Change	∏ Ada
TITLE HAME SIREET ADDRESS CITY-ST-ZIP		☐ Delete	THILE NAME STREET ADDRE CITY-ST-ZIP	22		,	☐ Change	□ Add
TITLE HAMC STREET AODRESS CITY-ST-ZIP		□ Detetc	HILE NAME STREET ADORE CITY-ST-ZIP	SS			☐ Change	

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. ny

Mercall John SIGNATURE:

FILED Apr 21 2006 08:00 AM

813-814-0358