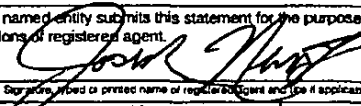
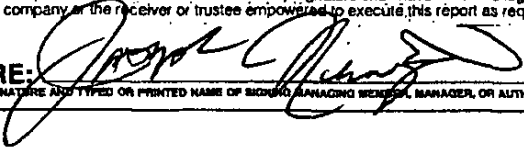


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

3 Apr 28, 2005 8:00 am
Secretary of State

03-23-2005 90238 029 *****55.00

DOCUMENT # L04000071508			
1. Entity Name T.C.B. LLC.			
Principal Place of Business 141 CALIFORNIA AVE. #10 COCOA BEACH, FL 32931 US		Mailing Address 141 CALIFORNIA AVE. #10 COCOA BEACH, FL 32931 US	
2. Principal Place of Business 360 GLEN HAVEN DR. Suite, Apt. #, etc.		3. Mailing Address 360 GLEN HAVEN DR. Suite, Apt. #, etc.	
City & State MERRITT ISLAND, FL.		City & State MERRITT ISLAND, FL.	
Zip 32952	Country BREVARD	Zip 32952	Country BREVARD
4. FEL Number 74-3140108		Applied For Not Applicable	
5. Certificate of Status Desired		☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NUGENT, JOSEPH F 141 CALIFORNIA AVE. #10 COCOA BEACH, FL 32931		7. Name and Address of New Registered Agent Name: NUGENT, JOSEPH F. Street Address (P.O. Box Number is Not Acceptable) 360 GLEN HAVEN DR. City: MERRITT ISLAND, FL Zip Code: 32952	
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	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR JOSEPH NUGENT 141 CALIFORNIA AVE #10 COCOA BEACH FL 32931	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR JOSEPH NUGENT 360 GLEN HAVEN DR. MERRITT ISLAND FL 32952	☒ 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
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 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 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: 		Date Daytime Phone #	