2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 28, 2005 8:00 am
Secretary of State
03-23-2005 90238 029 ****55.00

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1. Entity Name
T.C.B L.L.C.

Principal Place of Business	Mailing Address
141 CALIFORNIA AVE. #10 COCOA BEACH, FL 32931 US	141 CALIFORNIA AVE. #10 COCOA BEACH, FL 32931 US

02182005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
360 GLEN HAVEN DR Suite, Apt. #, etc.	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. FEI 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	7. Name and Address of New Registered Agent
NUGENT, JOSEPH F 141 CALIFORNIA AVE. #10 COCOA BEACH, FL 32931	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
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, 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	MGR Joseph Nugent 360 GLEN HAVEN DR. MERRITT ISLAND FL. 32952	☑ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #