2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE

Mar 18, 2005 8:00 am Secretary of State **DOCUMENT # L04000079168** 03-18-2005 90383 022 ***150.00 1. Entity Name TLC NUMBER ONE, L.L.C. Principal Place of Business Mailing Address 1400 NW 45TH STREET 1400 NW 45TH STREET B-7 **B-7** POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052005 Cha-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-2440275 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOINES, DAVID A Street Address (P.O. Box Number is Not Acceptable) 1290 E. OAKLAND PARK BLVD. #200 FORT LAUDERDALE, FL 33334 City 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 Signature, typed or printed name of registered agent and title if applicable. Filing Fee Is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CHAPPER, DAVID C NAME STREET ADDRESS 1400 NW 45TH STREET, B-7 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33334 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete tme ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 on powered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #