

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079168

**FILED**  
**Apr 22, 2006**  
**Secretary of State**

**Entity Name:** TLC NUMBER ONE, L.L.C.

**Current Principal Place of Business:**

1400 NW 45TH STREET  
B-7  
POMPANO BEACH, FL 33064 US

**New Principal Place of Business:**

211 WRIGHT PARKWAY NW  
FT WALTON BEACH, FL 32548 US

**Current Mailing Address:**

1400 NW 45TH STREET  
B-7  
POMPANO BEACH, FL 33064 US

**New Mailing Address:**

211 WRIGHT PARKWAY NW  
FT WALTON BEACH, FL 32548 US

**FEI Number:** 20-2440275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOINES, DAVID A  
1290 E. OAKLAND PARK BLVD.  
#200  
FORT LAUDERDALE, FL 33334 US

**Name and Address of New Registered Agent:**

HOINES, DAVID A  
1001 W. CYPRESS CREEK  
400  
FORT LAUDERDALE, FL 33309 US

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.

SIGNATURE: \_\_\_\_\_

04/22/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CHAPPER, DAVID E  
Address: 1400 NW 45TH STREET, B-7  
City-St-Zip: POMPANO BEACH, FL 33334 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CHAPPER, DAVID E  
Address: 211 WRIGHT PARKWAY NW  
City-St-Zip: FT WALTON BEACH, FL 32548 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID E. CHAPPER

MGR

04/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date