2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# L04000080613

Entity Name: TPCF FRANCHISING CO., LLC

Current Principal Place of Business:

12900 WEST STATE ROAD 84
DAVIE, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

12900 WEST STATE ROAD 84
DAVIE, FL 33325

New Mailing Address:

FEI Number: 20-1844365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRES, OSVALDO F
777 BRICKELL AVENUE
SUITE 1070
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

TORRES ADVISORS, PA
3901 SW 47 AVE
SUITE 407
DAVIE, FL 33314 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: OSVALDO F. TORRES 04/26/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: TORRES, OSVALDO F
Address: 12900 WEST STATE ROAD 84
City-St-Zip: DAVIE, FL 33125 US

Title: MGR ( ) Delete
Name: TORRES, STACY F
Address: 12900 WEST STATE ROAD 84
City-St-Zip: DAVIE, FL 33125

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TORRES, OSVALDO F
Address: 12900 WEST STATE ROAD 84
City-St-Zip: DAVIE, FL 33325 US

Title: MGR (X) Change ( ) Addition
Name: TORRES, STACY F
Address: 12900 WEST STATE ROAD 84
City-St-Zip: DAVIE, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the 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 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: OSVALDO F. TORRES MGR 04/26/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date