

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-09-2006 90050 001 ***130.00
L04000090834

DOCUMENT # L04000090834					
1. Entity Name TBC HOLDINGS L.L.C.					
Principal Place of Business 2663 1ST AVENUE NORTH ST PETERSBURG, FL 33713 US			Mailing Address 2663 1ST AVENUE NORTH ST PETERSBURG, FL 33713 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FBI Number 20-2021808	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BATTLE, MICHAEL F 2663 1ST AVENUE NORTH ST PETERSBURG, FL 33713				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 618 SUNSET DRIVE SOUTH City ST Petersburg FL Zip Code 33707	
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 <u>Michael F Battle</u> DATE <u>5/1/06</u> 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, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BATTLE, MICHAEL F 2663 1ST AVENUE NORTH ST PETERSBURG, FL 33713 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BATTLE MICHAEL ☒ Change ☐ Addition 618 SUNSET DRIVE SOUTH ST PETERSBURG FL 33707		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOLES, ALLEN W 2663 1ST AVENUE NORTH ST PETERSBURG, FL 33713 ☒ 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		
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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 exemptions contained in Chapter 119, 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: <u>Michael F Battle</u> DATE <u>5/1/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04102006 Chg-LLC CR2E083 (11/05)