## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000091352

1. Entity Name
TF ENTERPRISES, LLC

FILED Feb 27, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

C/O 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131 C/O 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131



DO NOT WRITE IN THIS SPACE

02022006 No Chg-LLC

CR2E083 (11/05)

FEI Number
 20-2028890

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVARO CASTILLO B., P.A C/O 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131

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he above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and according	ept
ne obligations of registerod agent.	

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE, Registered Agent signature required when reinstaling)

CATE

Filing Fee is \$50.00 Due by May 1, 2006

<u></u>	
9.	MANAGING MEMBERS/MANAGERS
ITTLE NAME STREET AUDRESS CITY-ST-ZP	MGR SEBISOL INVESTMENTS, LLC C/O 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDFARB, TAMARA C/O 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131
INTLE NAME STITEET ADDRESS CITY-ST-ZIP	
ITILE NAME STREET ADDRESS GITY-SI-ZIP	
TITLE NAME STREET ADDRESS CHY-51-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	

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11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

RE:

MGR - 553150C

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786 262 996

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

Date

Daytime Phone #