



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90018 004 ****50.00

DOCUMENT # L05000001298					
1. Entity Name TBC INVESTMENTS, LLC					
Principal Place of Business 341 NORTH MAITLAND AVE., SUITE 340 MAITLAND, FL 32751			Mailing Address 341 NORTH MAITLAND AVE., SUITE 340 MAITLAND, FL 32751		
2. Principal Place of Business 1151 N. Orange Ave Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2545 Suite, Apt. #, etc.			
City & State Winter Park, FL Zip 32789 Country USA		City & State Winter Park, FL Zip 32790 Country USA		4. FEI Number 20-4784421	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TATICH, PHILIP 341 NORTH MAITLAND AVE., SUITE 340 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1151 N. Orange Ave. City Winter Park FL Zip Code 32789		
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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	MGRM TATICH, PHILIP 341 NORTH MAITLAND AVE., SUITE 340 MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1151 N. Orange Ave. Winter Park, FL 32789	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____			Philip Tatich		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/30/06 Daytime Phone # (407) 629-4433		