

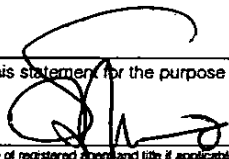


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90136 004 ****50.00

DOCUMENT # L05000002226					
1. Entity Name TLAND, LLC					
Principal Place of Business 2091 OCEANVIEW DRIVE TIERRA VERDE, FL 33715			Mailing Address 2091 OCEANVIEW DRIVE TIERRA VERDE, FL 33715		
2. Principal Place of Business 14001 63rd Way N Suite, Apt. #, etc.		3. Mailing Address 14001-63rd Way N Suite, Apt. #, etc.			
City & State CLEARWATER FL		City & State CLEARWATER FL		4. FEI Number 20-2805095	
Zip 33760		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AMICO, ANTHONY M 248 1ST AVENUE NORTH ST. PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name STEVEN MARCIANO Street Address (P.O. Box Number is Not Acceptable) 14001-63rd Way N City CLEARWATER FL FL Zip Code 33760		
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  DATE 1/10/06 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 AMICO, ANTHONY N 2091 OCEANVIEW DRIVE TIERRA VERDE, FL 33715	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TLAND MANAGEMENT, INC 14001-63rd Way NORTH CLEARWATER FL 33760	
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	
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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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	

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: 

1/10/06

727-538-2669