

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009812

Entity Name: TBA CONCESSIONS, LLC

FILED
May 26, 2006
Secretary of State

Current Principal Place of Business:

100 FIRST AVENUE SOUTH, STE. 340
ST. PETERSBURG, FL 33701

New Principal Place of Business:

8819 KANAWHA ROAD
RIVERVIEW, FL 33569

Current Mailing Address:

100 FIRST AVENUE SOUTH, STE. 340
ST. PETERSBURG, FL 33701

New Mailing Address:

P.O. BOX 1424
GIBSONTON, FL 33534 US

FEI Number: 33-1115345 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCEWEN, DAVID B
100 FIRST AVENUE SOUTH, STE. 340
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

MCEWEN, DAVID B
560 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701 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:

05/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCEWEN, DAVID B
Address: 100 FIRST AVENUE SOUTH, STE. 340
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCEWEN, DAVID B
Address: 560 FIRST AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DAVID MCEWEN

MGRM

05/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date