2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2007
Secretary of State

DOCUMENT# L05000009812

Entity Name: TBA CONCESSIONS, LLC

Current Principal Place of Business:

8819 KANAWHA ROAD
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1424
GIBSONTON, FL 33534 US

New Mailing Address:

FEI Number: 33-1115345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HABECK, LARRY G
Address: 8819 KANAWHA RD.
City-St-Zip: RIVERVIEW, FL 33569

Title: MGMB ( ) Change (X) Addition
Name: HABECK, GALA J
Address: 8819 KANAWHA RD
City-St-Zip: RIVERVIEW, FL 33569

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: GALA HABECK MGMB 04/15/2007

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