

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000009812

Entity Name: TBA CONCESSIONS, LLC

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8825 KANAWHA ROAD  
RIVERVIEW, FL 33578

**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  
Name: HABECK, LARRY G  
Address: 8825 KANAWHA RD.  
City-St-Zip: RIVERVIEW, FL 33578

Title: MGMB  
Name: HABECK, GALA J  
Address: 8825 KANAWHA RD  
City-St-Zip: RIVERVIEW, FL 33578

I hereby 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: LARRY G. HABECK

MGRM

01/11/2010

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