

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90048 023 \*\*\*\*55.00

<b>DOCUMENT # L05000012576</b> 1. Entity Name <b>TCN INVESTMENTS, LLC.</b>					
Principal Place of Business <b>8515 SE CHURCH STREET</b> <b>HOBE SOUND, FL 33455 US</b>			Mailing Address <b>8515 SE CHURCH STREET</b> <b>HOBE SOUND, FL 33455 US</b>		
2. Principal Place of Business <b>8515 SE CHURCH ST</b>		3. Mailing Address <b>8515 SE CHURCH ST</b>			
Suite, Apt. #, etc. <b>8</b>		Suite, Apt. #, etc. 			
City & State <b>HOBE SOUND FL</b>		City & State <b>HOBE SOUND FL</b>		4. FEI Number <b>20-2286525</b>	
Zip <b>33455</b>		Country <b>MARTIN</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PHILLIPS, CHARLES</b> <b>8515 SE CHURCH STREET</b> <b>HOBE SOUND, FL 33455</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <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 <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PHILLIPS, CHARLES 8515 SE CHURCH STREET HOBE SOUND, FL 33455	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PHILLIPS, NEVA 8515 SE CHURCH STREET HOBE SOUND, FL 33455	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>Charles P. Phillips</u> <span style="float: right;">1-18-06 772-545-7222</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					