2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 08, 2006 8:00 am Secretary of State 04-18-2006 90008 034 ****50.00

1. Entity Name		5 36									
C/O JOHN D. N 1416 CEDAR I	MACASKILL BAY LANE	Mailing Address C/O JOHN D. MACASKILL 1416 CEDAR BAY LANE SARASOTA, FL 34231			30007559						
2. Principal Pla	ce of Business	3. Mailing Address									
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			05042006	Chg-LLC	CR2E08	83 (11/05)			
City & State		City & State		, , , , , , , , , , , , , , , , , , , ,	4. FEI Numb	a3665	- -28	————	Applicable		
Zip	Country	Zip Coun		try	5. Certificate of Status Des			\$5.00 + 1497			
	6. Name and Address of Current R	egistered Agent			7. Name an	d Address of New F					
MORAN. JO	OHN A			Name							
6. Name and Address of Current MORAN, JOHN A C/O DUNLAP & MORAN, P.A. 22 S. LINKS AVE., SUITE 300 SARASOTA, EL 34236 (address change) 8. The above named entity submits this statement to the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent. Filling Fee is \$50.00 Due by September 6, 2006			Street Address	(P.O. Box Numl	per is Not Acceptable	e)					
			1990	Main	Street	Sto	700				
(address chang	e only)		City Sar	aso ta	Street	FL	Zip Code	36		
8. The above of the obligation	named entity submits this statement for	the purpose of changing its	register	ed office or regist	ered agent, or b	oth, in the State of Fl	orida. I am f	amiliar with, a	and accept		
SIGNATURE _		of title if good soble	E: Besistere	d Agent signature requi	med under reinestation		DATE				
Fili	ng Fee is \$50.00	те парриоров.	L. Hoggie	d right significant redui	oo waa aa		ke check p	ayable to ent of State			
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES				
{	MGR	☐ Delete	ΤITL	I				☐ Change	Addition		
STREET ADDRESS	MACASKILL, J 1416 CEDAR BA	OHN Y LANE	ANZ STRI						Ì		
1 1	□ Delete		TITLE					☐ Change	Addition		
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CITY-ST-ZIP				/-ST-ZIP							
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	<u> </u>	☐ Delete	CIT	Y-ST-ZIP				☐ Change	Addition		
NAME		- Delete	NAI	ME				onenge	المالان الم		
STREET ADORESS CITY - ST - ZIP				EET ADDRESS Y-ST-ZIP					J		
11 Lhereby	certify that the information supplied with	this filing does not qualify for	or the ex	emotions contain	ed in Chapter 11	9, Florida Statutes. I	further certif	y that the info	ormation		
indicated timited lia	on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have ampowered to see ute this	the sans report a	ne legal effect as as required by Ch	if made under o apter 608, Fl e rio	eth; that I am a man. la Statutes	aging memb	er or manage	er of the		
	1 11				5/1	l_{2} , q_{3}	// - J	へひっ	_		
SIGNAT	URE: July // vace	stull_				06	10	1) 1			

ATTACHMENT

2006 LIMITED LIABILITY COMPANY

4/18/2006-90008-034-\$50.00-\$50.00

	ANNUAL	REPORT								
DOCUMENT # L05000014536 1. Ertlity Name TI PHOENIX, LLC					30007559					
Principal Place of Busin C/O JOHN D. MACASK 1416 CEDAR BAY LAI SARASOTA, FL 3423	ILL Ne	Mailing Address C/O IOHN D. MACASKILL 1416 CEDAR BAY LANE SARASOTA, FL 34231			,					
2. Principal Place of B	usiness	3. Mailing Address						·		
Suite, Apt. #, etc.		Suite, Apr. #, etc.		···	04072006				·	
City & State		City & State			4. FEI Number	4. FEI Number 2366528 No.				
Zip	Country	Zip Count		try				\$5.00 Add Fee Required	.00 Additional Required	
S. No	ame and Address of Current R	egistered Agent		Name	7. Name and	Address of New R	egistered /	gent		
MORAN, JOHN A C/O DUNLAP & N 22 S. LINKS AVE	/IORAN, P.A.	<u> </u>		P.O. Box Numbe	r is Not Acceptable	9)				
SARASOTA, FL 34236				City		Zip Code				
9 The above carried	entity submits this statement for	the purpose of changing its	ranietar		and appeal or but	h in the State of Ele	FL.			
the obligations of re		are bospose or creating its	10Atsto.	an ouice or redister	ed agent, or bot	II, WITH SIZE OF FR	ица. гуп	extraner with,	and accept	
SIGNATURE	typed or printed name of registered agent an	id stie il applicable. (NOT	E: Registere	d Agerd signature required	(when reinstating)		DATE			
Filing Fo	ee is \$50.00 May 1, 2006						e check p Departm	ayable to ent of State		
9.	MANAGING MEMBER	I IS/MANAGERS	10.			ADDITIONS	CHANGES			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	•	☐ Deleta						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Defets	TITU					Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ACCRESS		☐ Delete :	TITU HAN SIRI	EET ADDRESS				☐ Change	Addition	
CITY-ST-ZIP LIFLE NAME STREET ADDRESS CITY-ST-ZIP		Delate	TITI. Nam Stru					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - TIP		☐ Deleta	TITL Maa Str	E				Change	Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete		1			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
indicated on this limited liability co	nat the information supplied with report is true and accurate end impany or the receiver or trusted impany or the receiver or trusted in the receiver of tru	that my signature shall have	the sam report a	e legat effect es if r s required by Chap	made under oath oler 608, Florida	; (hal I am e mana: Sietides	ging wewp	y that the info er or manage 350) 2.	er of the	