


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90008 034 \*\*\*\*50.00

<b>DOCUMENT # L05000014536</b>	
1. Entity Name TI PHOENIX, LLC	

Principal Place of Business C/O JOHN D. MACASKILL 1416 CEDAR BAY LANE SARASOTA, FL 34231	Mailing Address C/O JOHN D. MACASKILL 1416 CEDAR BAY LANE SARASOTA, FL 34231
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05042006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2366528 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent  MORAN, JOHN A C/O DUNLAP & MORAN, P.A. <del>22 S. LINKS AVE., SUITE 300</del> <del>SARASOTA, FL 34236</del>  <i>(address change only)</i>
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  <u>1990 Main Street, Ste 700</u> City <u>Sarasota</u> FL Zip Code <u>34236</u>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 6, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: John Macaskill Date 5/4/06 Daytime Phone # 941-350-8872

# ATTACHMENT

## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000014536

1. Entity Name  
TI PHOENIX, LLC



30007559

Principal Place of Business  
C/O JOHN D. MACASKILL  
1416 CEDAR BAY LANE  
SARASOTA, FL 34231

Mailing Address  
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1416 CEDAR BAY LANE  
SARASOTA, FL 34231

2. Principal Place of Business

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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Country

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Applied For

Not Applicable

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7. Name and Address of New Registered Agent

MORAN, JOHN A  
C/O DUNLAP & MORAN, P.A.  
22 S. LINKS AVE., SUITE 300  
SARASOTA, FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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Due by May 1, 2006

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Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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SIGNATURE:

*John D. Macaskill*

4/7/06

Date

941-350-  
8872

Daytime Phone #