
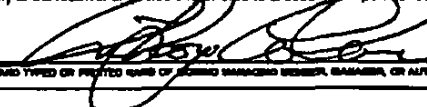


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90145 016 \*\*\*\*50.00

<b>DOCUMENT # L05000023016</b>			
1. Entity Name TPE, LLC			
Principal Place of Business 4107 CLARK ROAD SARASOTA, FL 34233		Mailing Address 4107 CLARK ROAD SARASOTA, FL 34233	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 202483439		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COLONNA, ANTHONY 4107 CLARK ROAD SARASOTA, FL 34233		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity certifies this document 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 _____ DATE _____ <small>(Signature, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining.)</small>			
Filing Fee is \$30.00 Due by May 1, 2006		Make check payable to Florida Department of State	
A. MANAGING MEMBERS/MANAGERS		B. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Anthony Colonna <input type="checkbox"/> Delete 4107 Clark Rd Sarasota, FL 34233	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Edward Layman <input type="checkbox"/> Delete 4107 Clark Rd Sarasota, FL 34233	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Patricia Layman <input type="checkbox"/> Delete 4107 Clark Rd Sarasota, FL 34233	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.			
SIGNATURE: 		Date: 2/7/06	

30002978



02012006 Chg-LLC CR2E083 (11/05)

managing member  
managing member  
managing member



ATTACHMENT

- 30002978

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2006

TPE, LLC  
4107 CLARK ROAD  
SARASOTA, FL 34233

Subject: TPE, LLC

Reference Number: L05000023016

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD  
ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314



ATTACHMENT

30002978

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 15, 2006

TPE, LLC  
4107 CLARK ROAD  
SARASOTA, FL 34233

Subject: TPE, LLC

Reference Number: **L05000023016**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE  
ANNUAL REPORTS SECTION