


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000023016
 1. Entity Name
 TPE, LLC



Principal Place of Business 4107 CLARK ROAD SARASOTA, FL 34233	Mailing Address 4107 CLARK ROAD SARASOTA, FL 34233
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DO NOT WRITE IN THIS SPACE



01092008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2453439	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
 COLONNA, ANTHONY
 4107 CLARK ROAD
 SARASOTA, FL 34233

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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLONNA, ANTHONY 4107 CLARK RD SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAYNE, EDWARD 4107 CLARK RD SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAYNE, PATRICK 4107 CLARK RD SARASOTA, FL 34233
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/11/08-80048-001 138.75

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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:  1/9/08 923-2381
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #