

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90043 021 ****55.00

DOCUMENT # L05000023245 1. Entity Name TBG & CC RECREATION, LLC																																																							
Principal Place of Business 7602 MARBLEHEAD LANE PARKLAND, FL 33067			Mailing Address 7602 MARBLEHEAD LANE PARKLAND, FL 33067																																																				
2. Principal Place of Business 10641 Old Tampa Bay Dr Suite, Apt. #, etc.		3. Mailing Address 10641 Old Tampa Bay Dr Suite, Apt. #, etc.																																																					
City & State San Antonio FL		City & State San Antonio		4. FEI Number 20-2541528																																																			
Zip 33576		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required																																																			
6. Name and Address of Current Registered Agent CORPCO, INC. 2699 S. BAYSHORE DRIVE, 7TH FLOOR MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Jonnie Tyler Street Address (P.O. Box Number is Not Acceptable) 10641 Old Tampa Bay Dr City San Antonio FL Zip Code 33576																																																			
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  DATE 4-28-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																							
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																																																					
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>MGRM</td> <td>Falcone, Arthur</td> <td>1951 NW 19th Street</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Boca Raton FL 33431</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		MGRM	Falcone, Arthur	1951 NW 19th Street					Boca Raton FL 33431		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			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: 				Date 4-28-06 Daytime Phone # 352-588-2100																																																			