



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

02-20-2006 90138 018 ****50.00

DOCUMENT # L05000023299			
1. Entity Name TIB, LLC			
Principal Place of Business 7521 CR 48 YALAH, FL 34797		Mailing Address 7521 CR 48 YALAH, FL 34797	
2. Principal Place of Business 1456 WILLIAM ST Suite, Apt. #, etc.		3. Mailing Address 1456 WILLIAM ST Suite, Apt. #, etc.	
City & State Leesburg FL		City & State Leesburg FL	
Zip 34748 Country USA		Zip 34748 Country USA	
6. Name and Address of Current Registered Agent BURNS, LYNN 5549 BANANA POINT DRIVE OKAHUMPKA, FL 34762		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TECHMAN, THOMAS M M.D. P.O. BOX 101 YALAH, FL 34797 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ICAZA, ORLANDO J M.D. 5718 CRESTVIEW DRIVE LADY LAKE, FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRIDGES, CLIFTON L JR, MD 600 FAIRFAX AVENUE WILLIAMSBURG, VA 23185 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-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 608, Florida Statutes.			
SIGNATURE: 		Date: 2-14-2006 352- 787-1778	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30002799



02092006 Chg-LLC CR2E083 (11/05)

4. FEI Number
202472566 Applied For
Not Applicable

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



ATTACHMENT

30002799

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

TIB, LLC
7521 CR 48
YALAHUA, FL 34797

change address To

*1456 William ST.
Leesburg FL 34748*

Subject: TIB, LLC

Reference Number:

L05000023299

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.

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