

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023299

Entity Name: TIB, LLC

FILED  
Feb 02, 2009  
Secretary of State

## Current Principal Place of Business:

1456 WILLIAM STREET  
LEESBURG, FL 34748 US

## New Principal Place of Business:

## Current Mailing Address:

1456 WILLIAM STREET  
LEESBURG, FL 34748 US

## New Mailing Address:

FEI Number: 20-2472566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURNSED, LYNN  
5549 BANANA POINT DRIVE  
OKAHUMPKA, FL 34762 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ICAZA, ORLANDO J M.D.  
Address: 5716 CRESTVIEW DRIVE  
City-St-Zip: LADY LAKE, FL 32159

Title: MGRM ( ) Delete  
Name: BRIDGES, CLIFTON L JR, MD  
Address: 131 LAKESHORE DR.  
City-St-Zip: LEESBURG, FL 34748

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: BRIDGES, CLIFTON L JR, MD  
Address: 515 LAKESHORE DR.  
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLIFTON L BRIDGES, JR. M.D.

MGRM

02/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date