

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042861

FILED
Jul 09, 2007
Secretary of State

Entity Name: TC AMERICAN INVESTMENTS, LLC

Current Principal Place of Business:

228 E. 4TH ST.
PANAMA CITY, FL

New Principal Place of Business:

310 WEST 13TH STREET
PANAMA CITY, FL 32401

Current Mailing Address:

P. O. BOX 18438
PANAMA CITY BEACH, FL 32417

New Mailing Address:

310 WEST 13TH STREET
PANAMA CITY, FL 32401

FEI Number: 20-2762788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMPBELL, TIMOTHY C
228 E. 4TH ST.
PANAMA CITY, FL 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: CAMPBELL, TROY R
Address: 228 E. 4TH ST.
City-St-Zip: PANAMA CITY, FL

Title: MGRM () Delete
Name: CAMPBELL, TIMOTHY
Address: 228 E. 4TH ST.
City-St-Zip: PANAMA CITY, FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAMPBELL, TROY R
Address: P. O. BOX 18438
City-St-Zip: PANAMA CITY BEACH, FL 32417

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

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: TROY R. CAMPBELL

MGRM

07/09/2007

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