


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 13, 2007 8:00 am**  
**Secretary of State**

09-13-2007 90016 037 \*\*\*\*50.00

<b>DOCUMENT # L05000058896</b>	
1. Entity Name <b>BARRINGTON TCS, LLC</b>	

Principal Place of Business <b>7724 HEYWARD CIR. UNIVERSITY PARK, FL 34201 US</b>	Mailing Address <b>7724 HEYWARD CIR. UNIVERSITY PARK, FL 34201 US</b>
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2. Principal Place of Business - No P.O. Box # <b>4112 53rd AVE E</b>	3. Mailing Address <b>P.O. BOX 21259</b>
Suite, Apt. #, etc. <b>Suite # 21259</b>	Suite, Apt. #, etc. <b>Bradenton</b>
City & State <b>Bradenton, FL</b>	City & State <b>Florida</b>
Zip <b>34204</b>	Country <b>USA</b>



07092007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>02-0745038</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

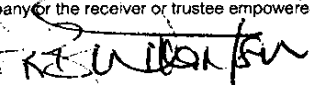
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 14, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMSON, BARRINGTON P.O. BOX 21259 BRADENTON, FL 34204 <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
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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:**  **DR. BARRINGTON WILLIAMSON** **July 10<sup>th</sup> 2007** **941 224 8741**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #