

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060716

Entity Name: TSF PROPERTIES LLC

FILED  
Apr 16, 2009  
Secretary of State

**Current Principal Place of Business:**

79 BELLAIRE LANE  
NEWNAN, GA 30265 US

**New Principal Place of Business:**

**Current Mailing Address:**

79 BELLAIRE LANE  
NEWNAN, GA 30265 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INCFILE.COM, LLC  
1216 SOUTH MISSOURI AVENUE  
#406  
CLEARWATER, FL 33756 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: SCHLAGETER, PAUL  
Address: 79 BELLAIRE LANE  
City-St-Zip: NEWNAN, GA 30265 US

Title: MGRM ( ) Delete  
Name: SCHLAGETER, GEORGE  
Address: 163 RUDOLF ROAD  
City-St-Zip: MINEOLA, NY 11501 US

Title: MGRM ( ) Delete  
Name: SCHLAGETER, RICH  
Address: 328 FERN STREET  
City-St-Zip: SOUTH HEMPSTEAD, NY 11550 US

**ADDITIONS/CHANGES:**

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

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

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: PAUL SCHLAGETER

MGRM

04/16/2009

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