

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000075157

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** TCB PROPERTY MANAGEMENT LLC

**Current Principal Place of Business:**

137 S. COURTENAY PKWY #683  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

137 S. COURTENAY PKWY #683  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

**FEI Number:** 51-8948727

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOCKAMY, SHARON  
417 MILFORD POINT  
MERRITT ISLAND, FL 32952 US

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

LOCKAMY, SHARON  
357 MILFORD POINT  
MERRITT ISLAND, FL 32952 US

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:** SHARON LOCKAMY

03/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** LOCKAMY, SHARON A MGRM  
**Address:** 357 MILFORD POINT  
**City-St-Zip:** MERRITT ISLAND, FL 32952 US

**Title:** MGRM  
**Name:** FOSTER, RENAE J MGRM  
**Address:** 195 SAN JUAN CIRCLE  
**City-St-Zip:** MELBOURNE, FL 32935 US

I hereby 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:** RENAE FOSTER

MGRM

03/10/2011

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