

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90039 022 ****55.00

DOCUMENT # L05000077036

1. Entity Name
T & B INVESTMENTS, LLC



Principal Place of Business
**306 PINWOODS ROAD
ORMOND BEACH, FL 32174**

Mailing Address
**306 PINWOODS ROAD
ORMOND BEACH, FL 32174**

2. Principal Place of Business

306 PineWood Rd.

3. Mailing Address

P.O. Box 730641

Suite, Apt. #, etc.

Suite, Apt. #, etc.



01062006 Chg-LLC CR2E083 (11/05)

City & State

Ormond Beach Fl.

City & State

Ormond Beach, Fl

4. FEI Number

59-3816110

Applied For

Not Applicable

Zip

32174

Country

U.S.A.

Zip

32173-0641

Country

U.S.A.

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRANIFF, TERESA F
306 PINWOODS ROAD
ORMOND BEACH, FL 32174**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BRANIFF, TERESA F
STREET ADDRESS 306 PINWOODS ROAD
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE mBm ☐ Delete
NAME Braniff, Bill (William)
STREET ADDRESS 306 Pine Woods Rd
CITY-ST-ZIP Ormond Beach, Fl. 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Teresa Braniff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

1-10-06

Daytime Phone #

615-0270