

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078036

Entity Name: TS ESTATES, LLC

FILED  
Jan 17, 2006  
Secretary of State

## Current Principal Place of Business:

PO BOX 2215  
BOCA RATON, FL 33427

## New Principal Place of Business:

PO BOX 272215  
BOCA RATON, FL 33427

## Current Mailing Address:

PO BOX 2215  
BOCA RATON, FL 33427

## New Mailing Address:

PO BOX 272215  
BOCA RATON, FL 33427

FEI Number: 33-1122748

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ASTI, ELIZABETH  
3511 NW 109TH TERRACE  
SUNRISE, FL 33351 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: MGR ( ) Delete  
Name: SHAH, ANJALI  
Address: PO BOX 2215  
City-St-Zip: BOCA RATON, FL 33427

Title: MGR ( ) Delete  
Name: ASTI, ELIZABETH  
Address: PO BOX 2215  
City-St-Zip: BOCA RATON, FL 33427

Title: MGR ( ) Delete  
Name: BHORANIA, DHARA  
Address: PO BOX 2215  
City-St-Zip: BOCA RATON, FL 33427

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SHAH, ANJALI  
Address: PO BOX 272215  
City-St-Zip: BOCA RATON, FL 33427

Title: MGR (X) Change ( ) Addition  
Name: ASTI, ELIZABETH  
Address: PO BOX 272215  
City-St-Zip: BOCA RATON, FL 33427

Title: MGR (X) Change ( ) Addition  
Name: BHORANIA, DHARA  
Address: PO BOX 272215  
City-St-Zip: BOCA RATON, FL 33427

I hereby certify that the information supplied with this filing does not qualify for the 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: ELIZABETH ASTI

MGR

01/17/2006

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