2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 04, 2006 8:00 am

A Che Water St. Courter Sp. Ordinate State Desired St. Ordinate Ordinate Sp. Ordin	DOCUMENT # L05000080 1. Entity Name TNT INVESTMENT GROUP OF CEN L.L.C. Principal Place of Business 2516 PATRIDGE DRIVE, S.E. WINTER HAVEN, FL 33884 2. Principal Place of Business 4100 Master Piece Color Suite, Apt. #, etc.	Mailing Address 2516 PATRIDGE DRIVE WINTER HAVEN, FL 33		04242	05-04-2006 9	CR2E083 (11/05)		
Signatures Signatures All Market check payable to Florida Design Till MANAGING MEMBERS/MANAGERS MA	Lake Wales, FL.	Lalse Wale	3, FL	I		4 N	lot Applicable	
Sincer Address of Current Registered Agent Name and Address of New Registered Agent Name Address of New Re	33898 U.S.	33898	1 '4 .	5. Cer	tificate of Status Desired	55.00 Ad Fee Require	ditional ed	
the obligations of registered agent. SIGNATURE Signatur, liped or private name of inguisered agent and tile if applicable. IPO'ET. Repassed Agent signature required when revisating) OATE	NGUYEN, TOM 2516 PATRIDGE DRIVE, S.E. WINTER HAVEN, FL 33884 Name Tom Nature Street Address (P.O. Box Number is Not Acceptable) Winter Haven, FL 33884 Lity Code Septiment City Loke (L) Oles FL Zip Code Septiment City City City City City City City Cit							
Filing Foo is \$50.00 Pub by May 1, 2006 Simple foo is \$50.00 Si	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.							
### STREET ADDRESS CITY-ST-ZIP Filling Foe is \$50.00 Make check payable to Florida Department of State	SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signal	lure required when reinsta	ting)	DATE		
TITLE MGRM Delete MAME STREET ADDRESS CITY-ST-ZP MAME MAM	Due by May 1, 2006			· .	M: Flori	da Department of Stat	e	
NGUYEN, TOM STREET ADDRESS CITY-ST-2P WINTER HAVEN, FL 33884 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRE	4			11.00				
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Thereby certify that the information supplied with this filing types 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 standarder 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 employees to execute this report as required by Chapter 608, Florida Statutes.	NAME STREET ADDRESS	☐ Delete	NAME STREET ADDRESS			☐ Change	Addition	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OH AUTHORIZED REPRESENTATIVE Date Daystre Phone #	indicated on this report is true and accurate and limited liability company or the receiver or trustee	that my dignature shall have to e empoyer that execute this r	the same legal effe report as required l	ot as if made unde by Chapter 608, Fl	er oath; that I am a man orida Statutes.	aging member or manage	rmation or of the	