


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90126 021 ***138.75

DOCUMENT # L05000084069					
1. Entity Name TLA SETTLEMENT, LLC					
Principal Place of Business C/O JOEL B. GILES, ESQ. 200 CENTRAL AVENUE, SUITE 2300 ST PETERSBURG, FL 33701			Mailing Address C/O JOEL B. GILES, ESQ. 200 CENTRAL AVENUE, SUITE 2300 ST PETERSBURG, FL 33701		
2. Principal Place of Business - No P.O. Box # 2091 OCEANVIEW DR.		3. Mailing Address 2091 OCEANVIEW DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TIERRA VERDE Florida		City & State TIERRA VERDE Florida			
Zip 33715		Country USA		Zip 33715	
Country USA		Country USA			
6. Name and Address of Current Registered Agent CFRA, LLC 4221 WEST BOY SCOUT BOULEVARD TAMPA, FL 33607			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 <i>Thomas F. Gaffney</i> <small>Signature, typed or printed name of registered agent and title is applicable</small>			DATE <i>4/18/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAFFNEY, THOMAS F 2091 OCEANVIEW DRIVE TIERRA VERDE, FL 33715	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAFFNEY, THOMAS F 2091 OCEANVIEW DRIVE TIERRA VERDE, FL 33715	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAFFNEY, THOMAS F 2091 OCEANVIEW DRIVE TIERRA VERDE, FL 33715	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAFFNEY, THOMAS F 2091 OCEANVIEW DRIVE TIERRA VERDE, FL 33715	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAFFNEY, THOMAS F 2091 OCEANVIEW DRIVE TIERRA VERDE, FL 33715	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAFFNEY, THOMAS F 2091 OCEANVIEW DRIVE TIERRA VERDE, FL 33715	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAFFNEY, THOMAS F 2091 OCEANVIEW DRIVE TIERRA VERDE, FL 33715	<input type="checkbox"/> Delete			
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: <i>Thomas F. Gaffney</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>4/18/08</i> 727-866-8729 <small>Daytime Phone #</small>		