

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084742

FILED
Jan 15, 2007
Secretary of State

Entity Name: TCF HOLDINGS, LLC

Current Principal Place of Business:

8313 S.E. WOODMERE STREET
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

8313 S.E. WOODMERE STREET
HOBE SOUND, FL 33455

New Mailing Address:

FEI Number: 32-0157045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

SMITHWICK, ROBERT P MGR/OWN
8313 SE WOODMERE ST
HOBE SOUND, FL 33455 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: ROBERT P. SMITHWICK II

01/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITHWICK, ROBERT P II
Address: 8313 S.E. WOODMERE STREET
City-St-Zip: HOBE SOUND, FL 33455

Title: MGRM () Delete
Name: GIMMARTINO, PETER J
Address: 531 OCEANSIDE BLVD.
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM () Delete
Name: SOLOMON, DARLA
Address: 320 S.W. COCONUT KEY WAY
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGRM () Delete
Name: MOLINA, MARK
Address: 845 KINGSBRIDGE DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: SNOWDEN, CAROLYN
Address: 3370 S.W. HICKORY PLACE
City-St-Zip: PALM CITY, FL 34990

Title: MGRM () Delete
Name: KOZELUH, PATRICIA
Address: 310 N.W. TOSCANE TRAIL
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
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Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT P. SMITHWICK II

MM

01/15/2007

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