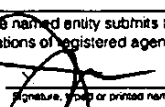
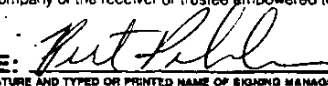


FILED
May 18, 2007 8:00 am
Secretary of State

04-26-2007 90035 001 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000088742			
1. Entity Name TIN CITY, LLC			
Principal Place of Business 501 GOODLETTE ROAD NORTH SUITE D100 NAPLES, FL 34102 US		Mailing Address 501 GOODLETTE ROAD NORTH SUITE D100 NAPLES, FL 34102 US	
2. Principal Place of Business - No P.O. Box # 501 Goodlette Rd N.		3. Mailing Address 501 Goodlette Rd N	
Suite, Apt. #, etc. Suite D100		Suite, Apt. #, etc. Ste D100	
City & State Naples, FL		City & State Naples, FL	
Zip 34102	Country USA	Zip 34102	Country USA
6. Name and Address of Current Registered Agent WOLLMAN, EDWARD E 5129 CASTELLO DRIVE SUITE 1 NAPLES, FL 34103		4. FEI Number 59-3526862	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent Name John N. Brugger Street Address (P.O. Box Number is Not Acceptable) 600 Fifth Ave So., Ste 207 City Naples FL Zip Code 34102		Applied For ☐ Not Applicable	
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  John N. Brugger / Registered Agent DATE 4/20/07 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM POHLMANN, HERBERT C JR. 501 GOODLETTE ROAD NORTH, SUITE D100 NAPLES, FL 34102 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		Date 5/16/07 239261-7888	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	