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

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

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

30008314

04202007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000088742

1. Entity Name
TIN CITY, LLC

Principal Place of Business	Mailing Address
501 GOODLETTE ROAD NORTH SUITE D100 NAPLES, FL 34102 US	501 GOODLETTE ROAD NORTH SUITE D100 NAPLES, FL 34102 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
501 Goodlette Rd N.		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

4. FEI Number 59-3526862 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLLMAN, EDWARD E 5129 CASTELLO DRIVE SUITE 1 NAPLES, FL 34103	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

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 [signature] John N. Brugger / Registered Agent 4/20/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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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: [signature] 5/16/07 239261-2888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #