2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L05000092549

Entity Name: TCS DEVELOPMENT LLC

Current Principal Place of Business:

16623 NE 19TH AVENUE
MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

16623 NE 19TH AVENUE
MIAMI, FL 33162

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1100
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SMITH, TIMOTHY
Address: 16623 NE 19TH AVENUE
City-St-Zip: MIAMI, FL 33162

Title: MGR ( ) Delete
Name: SMITH, CARIE
Address: 16623 NE 19TH AVENUE
City-St-Zip: MIAMI, FL 33162

Title: MGR ( ) Delete
Name: DONOVAN, CATHERINE
Address: 16623 NE 19TH AVENUE
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES:

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

Title: ( ) Change ( ) Addition
Name:
Address:
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 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: TIMOTHY SMITH MGRM 04/26/2007

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