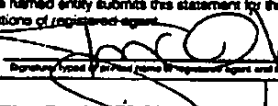
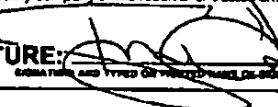


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

01-20-2006 90049 049 ***150.00

DOCUMENT # L05000097253			
1. Entity Name TLSM INVESTMENTS, LLC			
Principal Place of Business P.O. BOX 6516 LAKELAND, FL 33807		Mailing Address P.O. BOX 6516 LAKELAND, FL 33807	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3585158		Applied For Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required	
6. Name and Address of Current Registered Agent MACDONALD, LINDA 606 YARDARM DRIVE APOLLO BEACH, FL 33572		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 		DATE	
Filing Fee is \$50.00 Due by May 1, 2006		State check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PARTNER - TLSM LLC ☐ Delete STEVE MICHAEL PO BOX 6516 LAKELAND FL 33807	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PARTNER - TLSM LLC ☐ Delete BENDY MICHAEL PO BOX 6516 LAKELAND FL 33807	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PARTNER - TLSM LLC ☐ Delete TROY MACDONALD PO BOX 6516 LAKELAND FL 33807	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PARTNER ☐ Delete LINDA MACDONALD PO BOX 6516 LAKELAND FL 33807	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
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	

2 EACH PARTNER is a MANAGING member WITH 25% INTEREST in ALL ASPECTS OF THE BUSINESS