


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # L05000097253 1. Entity Name TLSM INVESTMENTS, LLC	
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Principal Place of Business 1795 N BROADWAY BARTOW, FL 33830	Mailing Address P.O. BOX 6516 LAKELAND, FL 33807
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3585158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MACDONALD, LINDA 606 YARDARM DRIVE APOLLO BEACH, FL 33572
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DO NOT WRITE IN THIS SPACE

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.

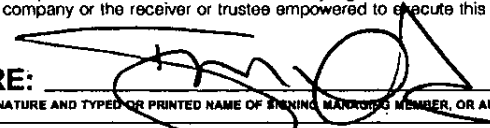
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHALEC, STEVE PO BOX 6516 LAKELAND, FL 33807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHALEC, MENDY PO BOX 6516 LAKELAND, FL 33807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACDONALD, TROY PO BOX 6516 LAKELAND, FL 33807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACDONALD, LINDA PO BOX 6516 LAKELAND, FL 33807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000794226 01/25/08-80039-020 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  **1-15-08** **813 6258912**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #