2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 02, 2006 8:00 am
Secretary of State
05-01-2006 90037 028 ****55.00

DOCUMENT # L05000103370

1. Entity Name

TCM PARTNERS, LLC

Principal Place of Business	Mailing Address
1800 2ND STREET, SUITE 810 SARASOTA FL 34236	1800 2ND STREET, SUITE 810 SARASOTA FL 34236

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
15 PARADISE PLAZA	15 PARADISE PLAZA
Suite, Apt. #, etc.: SUITE #169	Suite, Apt. #, etc.: SUITE #169
City & State: SARASOTA FL	City & State: SARASOTA FL
Zip: 34239 Country: USA	Zip: 34239 Country: USA

4. FEI Number: 20-3679460 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, MICHAEL J
1800 2ND STREET, SUITE 810
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name: KIMBERLY A. RYAN
Street Address (P.O. Box Number is Not Acceptable): 3602 CAMINO REAL
City: SARASOTA FL Zip Code: 34239

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 $50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER MICHAEL H. FURTICK 1800 2nd STREET, SUITE 810 SARASOTA, FL 34236	☒ 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 Section 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: KIMBERLY A. RYAN, MANAGER 4.22.06 941.266.9275

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