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
1800 2ND STREET, SUITE 810
SARASOTA FL 34236

Mailing Address
1800 2ND STREET, SUITE 810
SARASOTA FL 34236

1st MOORE CR2E083 (10/05)

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

3. Mailing Address: 15 PARADISE PLAZA
Suite, Apt. #, etc.: SUITE #169
City & State: SARASOTA FL
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 resigned) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGER ☒ Delete
NAME	MICHAEL H. FURTICK
STREET ADDRESS	1800 2nd STREET, SUITE 810
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

KIMBERLY A. RYAN, MANAGER

SIGNATURE: _____ 4.22.06 941.266.9275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #