## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # L05000117955

1. Entity Name

TCD PARTNERS I, LLC



**FILED** Jan 09, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

51 CAPTAIN DUNBAR ROAD -

51 CAPTAIN DUNBAR ROAD

BOX 2408 BOX 2408 BREWSTER, MA 02631 US

BREWSTER, MA 02631 US



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3931760

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYER, DOUGLAS 4636 LITTLE RIVER LANE FT. MYERS, FL 33905

		IN THIS SPACE
	named entity submits this statement for the purpose of changing its registere ions of registered agent.	od office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered	I Agent signature required when reinstating)  DATE
	iling Fee is \$50.00 ue by May 1, 2007	Agent signature indigned which reasonancy)
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	MEYER, DOUGLAS	
STREET ADDRESS	4636 LITTLE RIVER LANE	
CITY-ST-ZIP	FT. MYERS, FL 33905	
TITLE	MGRM	<i>U</i> 00000579281
NAME	EDMONDSON, CAROL	01/10/07-80001-001 50,00
STREET ADDRESS	51 CAPTAIN DUNBAR ROAD BOX 2408	01/10/0/ 00001 001 30.00
CITY-ST-ZIP	BREWSTER, MA 02631	
TITLE	MGRM	
NAME	EDMONDSON, THOMAS	
STREET ADDRESS	51 CAPTAIN DUNBAR ROAD BOX 2408	DO NOT WIDITE
CITY-ST-ZIP	BREWSTER, MA 02631	DO NOT WRITE
TITLE		IN THIS SPACE
NAME		IN THIS SPACE
STREET ADDRESS		
CITY-ST-ZIP	•	

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.

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TITLE NAME STREET ADDRESS CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP