

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000119512

Entity Name: TBWC 9900, P.L.

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5830-A WEST CYPRESS STREET  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 25317  
TAMPA, FL 33622

**New Mailing Address:**

FEI Number: 20-4036963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MADLE, ALISTAIR  
5830-A WEST CYPRESS STREET  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: DR.  
Name: LERNER, SAUL R MD  
Address: 5830-A W CYPRESS ST  
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: SAUL LERNER

DR

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date