

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119536

Entity Name: TBWC 6100, P.L.

FILED
Feb 20, 2008
Secretary of State

Current Principal Place of Business:

5840 WEST CYPRESS STREET, SUITE B
TAMPA, FL 33607

New Principal Place of Business:

5830 A WEST CYPRESS STREET
TAMPA, FL 33607

Current Mailing Address:

P.O. BOX 25317
TAMPA, FL 33622

New Mailing Address:

FEI Number: 20-4036663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YELVERTON, ROBERT W M.D.
5840 WEST CYPRESS STREET, SUITE B
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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

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: ALISTAIR MADLE

02/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: HARETRON, DONNA E
Address: 5840 W CYPRESS ST STE B
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: HARGROVE, DONNA E DR.
Address: 5830 A WEST CYPRESS ST
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DONNA E. HARGROVE

DR.

02/20/2008

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