

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001480

Entity Name: TF1-L, LLC

FILED  
Jan 08, 2009  
Secretary of State

**Current Principal Place of Business:**

315 EAST NEW MARKET ROAD  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3088  
IMMOKALEE, FL 34143

**New Mailing Address:**

PO BOX 3088  
IMMOKALEE, FL 34143

FEI Number: 20-4054041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHITESMAN, GUY E  
1715 MONROE STREET  
FORT MYERS, FL 33901 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: MGR ( ) Delete  
Name: PRESS, MAXWELL L  
Address: 315 EAST NEW MARKET ROAD  
City-St-Zip: IMMOKALEE, FL 34142

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VST ( ) Change (X) Addition  
Name: PURSE, TOBY  
Address: 315 EAST NEW MARKET ROAD  
City-St-Zip: IMMOKALEE, FL 34143

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: TOBY PURSE

VST

01/08/2009

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