2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L06000007450 01-08-2007 90211 034 ****55.00 1. Entity Name T&B REALTY, LLC <u>ሊህህህ</u>ህህ ሁኔ Principal Place of Business Mailing Address 2212 SWANN AVENUE 2212 SWANN AVENUE TAMPA, FL 33606 TAMPA, FL 33606 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 01042007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEi Number Applied For 20-4339536 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMERICAN INFORMATION SERVICES, INC. 401 EAST JACKSON STREET, SUITE 1700 Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33602 City Zip Code 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 reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITI F ☐ Change ☐ Addition HALL, TOXEY A NAME NAME STREET ADDRESS 2212 SWANN AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change Addition BAHLKE, WILLIAM P NAME NAME STREET ADDRESS 2212 SWANN AVENUE STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33606** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Сhange ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED Jan 08, 2007 8:00 am