2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 16, 2007 8:00 am Secretary of State DOCUMENT # L06000009710 04-16-2007 90354 034 ****55 00 1. Entity Name TPC PROPERTIES, LLC Principal Place of Business Mailing Address 60037341 30743 IVERSON DRIVE **30743 IVERSON DRIVE** WESLEY CHAPEL, FL 33543 WESLEY CHAPEL, FL 33543 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FFI Number Applied For EIN 03-0578887 Not Applicable Zip Country 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 Name HAMPTON, ANTONIA Street Address (P.O. Box Number is Not Acceptable) 30743 IVERSON DRIVE WESLEY CHAPEL, FL 33543 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 Antonia Hampton/ Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR ☐ Addition TITLE Delete TITLE ☐ Change HAMPTON, THOMAS J SR. NAME NAME 30743 IVERSON DRIVE STREET ADDRESS STREET ADDRESS WESLEY CHAPEL, FL 33543 CITY-ST-ZIP CITY-ST-ZIP Member Mgr Addition TITLE ☐ Delete ☐ Change Hampton, Patrick A. 4760 SW. 14TH CT NAME NAME STREET ADDRESS STREET ADDRESS Deerfield Beach FI 3442 CITY-ST-ZIP CITY-ST-ZIP Member Mar Change ☐ Addition TITLE TITLE Hampton, Thomas J. Jr. 616 Pieronnet NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP cape Girardeau, Mo 63701 CITY-ST-ZIP Member Mgr. TITLE ☐ Delete Change ☐ Addition Hampton, Paul A. NAME NAME STREET ADORESS 30743 Iverson Drive STREET ADDRESS 3543 CITY-ST-ZIP CITY-ST-ZIP Addition | TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Thomas J. Hampton Br

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