

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023931

FILED
Feb 20, 2007
Secretary of State

Entity Name: T'S BY P'S, LLC

Current Principal Place of Business:

1013 RAINTREE LANE
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

1013 RAINTREE LANE
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 20-4436333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUERBERG, ERIC M
200 VILLAGE SQUARE CROSSING
SUITE 102
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

TREPCOS, PAULA M
170 SATINWOOD
PALM BEACH GARDENS, FL 33410 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: PAULA M. TREPCOS

02/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TREPCOS, PAULA M
Address: 170 SATINWOOD LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGR () Delete
Name: SANTOMASO, PAMELA A
Address: 170 SATINWOOD LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: SANTOMASO, PAMELA A
Address: 1013 RAINTREE LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PAULA M. TREPCOS

MGR

02/20/2007

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