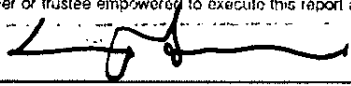


FILED
Apr 15, 2008 08:00 AM
Secretary of State

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000024725		
1. Entity Name TBRP, LLC		
Principal Place of Business 201 SOUTH BISCAYNE BOULEVARD STE 850 MIAMI, FL 33131		Mailing Address 201 SOUTH BISCAYNE BOULEVARD STE 850 MIAMI, FL 33131
DO NOT WRITE IN THIS SPACE		
		 03312008 No Chg-LLC CR2E083 (12/07)
		4. FEI Number 20-4453679
		Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
ROSSZ FIU CORPORATION 201 SOUTH BISCAYNE BOULEVARD STE 850 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE
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 _____ Say twice, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature is required when reissuing) DATE _____		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERREE, CRAIG 201 SOUTH BISCAYNE BOULEVARD STE 850 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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TITLE NAME 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: 		04.12.08 305-632-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #