


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90005 049 ***138.75

DOCUMENT # L06000034281											
1. Entity Name TCDD II, LLC											
Principal Place of Business 848 BRICKELL AVENUE, SUITE 810 MIAMI, FL 33131			Mailing Address 848 BRICKELL AVENUE, SUITE 810 MIAMI, FL 33131								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State		4. FEI Number 51-0573367							
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent LISS, RICHARD 848 BRICKELL AVENUE, SUITE 810 MIAMI, FL 33131		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 5px;">City</td> <td style="padding: 5px;">FL Zip Code</td> </tr> </table>				Name		Street Address (P.O. Box Number is Not Acceptable)		City	FL Zip Code
Name											
Street Address (P.O. Box Number is Not Acceptable)											
City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____											
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State							
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES								
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THE DEVLIN GROUP, INC. 1548 THE GREENS WAY SUITE 6 JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete									
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAYCO PROPERTIES 848 BRICKELL AVE SUITE 810 MIAMI, FL 33131	<input type="checkbox"/> Delete									
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAYCO PROPERTIES 848 BRICKELL AVE SUITE 810 MIAMI, FL 33131	<input type="checkbox"/> Delete									
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAYCO PROPERTIES 848 BRICKELL AVE SUITE 810 MIAMI, FL 33131	<input type="checkbox"/> Delete									
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAYCO PROPERTIES 848 BRICKELL AVE SUITE 810 MIAMI, FL 33131	<input type="checkbox"/> Delete									
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: _____											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE											
Date											
Daytime Phone #											

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