


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000050742 1. Entity Name TC BOND ROAD, LLC	
--	---

Principal Place of Business 1300 THOMASWOOD DRIVE TALLAHASSEE, FL 32308	Mailing Address 1300 THOMASWOOD DRIVE TALLAHASSEE, FL 32308
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GARDNER, CHARLES R 1300 THOMASWOOD DRIVE TALLAHASSEE, FL 32308	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 GARDNER, RICHARD J III 1303 PEACEFIELD PLACE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GARDNER, CHAD P 1480 MARKET ST TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000115393840
01/17/08--01020--012 **138.75

**DO NOT WRITE
IN THIS SPACE**

L. SELLERS
JAN 15 2008
EXAMINER

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, OR AUTHORIZED REPRESENTATIVE

Date: 1/14/08
Date

Daytime Phone: _____
Daytime Phone #

FILED

08 JAN 15 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5697063	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--