

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059473

Entity Name: TI SERVICES LLC

FILED
Apr 05, 2007
Secretary of State

Current Principal Place of Business:

9270 BAY PLAZA BLVD., SUITE 670
TAMPA, FL 33619

New Principal Place of Business:

6703 DRIFTING SANDS ROAD
TEMPLE TERRACE, FL 33617

Current Mailing Address:

9270 BAY PLAZA BLVD., SUITE 670
TAMPA, FL 33619

New Mailing Address:

6703 DRIFTING SANDS ROAD
TEMPLE TERRACE, FL 33617

FEI Number: 22-3934665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEWIS, DOUGLAS A
Address: 9270 BAY PLAZA BLVD., SUITE 670
City-St-Zip: TAMPA, FL 33619

Title: ST () Delete
Name: LEWIS, DOUGLAS A
Address: 9270 BAY PLAZA BLVD., SUITE 670
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEWIS, DOUGLAS A
Address: 6703 DRIFTING SANDS ROAD
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: ST (X) Change () Addition
Name: LEWIS, DOUGLAS A
Address: 6703 DRIFTING SANDS ROAD
City-St-Zip: TEMPLE TERRACE, FL 33617

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: DOUGLAS A. LEWIS

MGR

04/05/2007

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