## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT # L06000066468** 03-15-2007 90132 026 \*\*\*\*50.00 1. Entity Name T & B MANAGEMENT, LLC Principal Place of Business Mailing Address **60074091** 515 EAST LAS OLAS BOULEVARD 515 EAST LAS OLAS BOULEVARD SUITE 850 SUITE 850 FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 2. Principal Place of Business - No P.O. Box # 1519 SE 13+45+ 3. Mailing Address TZ HTEI 1519 SE Suite, Apt. #, etc. Suite, Apt. #, etc. 03102007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For BEACH FL 1327,5733/ 1273330 Not Applicable Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired 33441 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANGELO & BANTA, P.A. 515 EAST LAS OLAS BOULEVARD Street Address (P.O. Box Number is Not Acceptable) **SUITE 850** FORT LAUDERDALE, FL 33301 --8. The above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. 422 TWAZ SIGNATURE Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Delete Change ☐ Addition EARL W. SAWISCH ISIA SE 13TH STREET DEER FIELD BCH, FL. NAME NAME STREET ADDRESS STREET ADDRESS C1TY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE MGRM Change Addition TITLE TODO J. SAWISCH 1819 SE 17TH STREET NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE TITLE ☐ Dolete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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 sonature shall have the same legal offect 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 expecte this report as required by Chapter 608, Florida Statutes. URE AND TYPED OR PRINTED NAME OF BIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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