2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State
03-15-2007 90132 026 ****50.00

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03102007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000066468

1. Entity Name
T & B MANAGEMENT, LLC

Principal Place of Business	Mailing Address
515 EAST LAS OLAS BOULEVARD SUITE 850 FORT LAUDERDALE, FL 33301	515 EAST LAS OLAS BOULEVARD SUITE 850 FORT LAUDERDALE, FL 33301
2. Principal Place of Business - No P.O. Box #: 1519 SE 13TH ST	3. Mailing Address: 1519 SE 13TH ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DEERFIELD BEACH FL.	City & State: DEERFIELD BEACH FL.
Zip: 33441 Country: USA	Zip: 33441 Country: USA

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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 SUITE 850 FORT LAUDERDALE, FL 33301	Name: EARL W. SAWISCH Street Address (P.O. Box Number is Not Acceptable): 1519 SE 13TH STREET City: DEERFIELD BEACH FL Zip Code: 33441

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] EARL W. SAWISCH 3/12/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME EARL W. SAWISCH STREET ADDRESS 1519 SE 13TH STREET CITY-ST-ZIP DEERFIELD BCH, FL. 33441	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME TODD J. SAWISCH STREET ADDRESS 1819 SE 17TH STREET CITY-ST-ZIP FT. LAUDERDALE, FL. 33316	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 3/12/07 954-592-5406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #