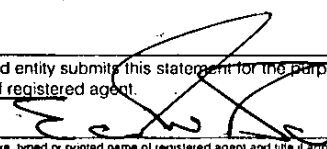
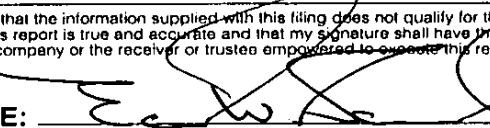


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90132 026 ****50.00

DOCUMENT # L06000066468 1. Entity Name T & B MANAGEMENT, LLC					
Principal Place of Business 515 EAST LAS OLAS BOULEVARD SUITE 850 FORT LAUDERDALE, FL 33301			Mailing Address 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.		4. FEI Number 03102007 Chg-LLC CR2E083 (12/06)	
Zip 33441	Country USA	Zip 33441	Country USA	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required.	
6. Name and Address of Current Registered Agent ANGELO & BANTA, P.A. 515 EAST LAS OLAS BOULEVARD SUITE 850 FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent 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  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 NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
(Empty row for managing member)			MGRM EARL W. SAWISCH 1519 SE 13TH STREET DEERFIELD BCH, FL. 33441		
(Empty row for managing member)			MGRM TODD J. SAWISCH 1819 SE 17TH STREET FT. LAUDERDALE, FL. 33316		
(Empty row for managing member)			(Empty row for additions/changes)		
(Empty row for managing member)			(Empty row for additions/changes)		
(Empty row for managing member)			(Empty row for additions/changes)		
(Empty row for managing member)			(Empty row for additions/changes)		
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: 			3/12/07 954-592-5406		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

60024001

