

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-15-2007 90277 037 ****50.00

DOCUMENT # L06000067174

1. Entity Name

GATSBY TCB HOLDINGS, LLC



Principal Place of Business

Mailing Address

4616 W. SYLVAN RAMBLE STREET
TAMPA FL 33609

4616 W. SYLVAN RAMBLE STREET
TAMPA FL 33609

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4300 W. Cypress St., Suite 1080
Suite 1080

City & State
Tampa, FL

Zip
33607

Country
USA

City & State
Tampa, FL

Zip
33607

Country
US

4. FEI Number

20-5193126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEISSMAN, CHARLES B
2002 N. LOIS AVENUE
SUITE 630
TAMPA FL 33607

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Andrew J. Bergh
President
4300 W. Cypress St.
Tampa, FL 33607

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

☐ Change ☐ Addition

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CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/30/07 (813) 870-2929
Date Daytime Phone #