

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093062

FILED
May 09, 2007
Secretary of State

Entity Name: TLC PARTNERS LLC

Current Principal Place of Business:

7560 NW 43RD STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7560 NW 43RD STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-5606631 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ADER, ROBERT ESQ
100 S.E. 2ND STREET, STE 3550
MIAMI, FL 33131 US

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: MGRM () Delete
Name: LYCKE, TIMOTHY
Address: 7560 NW 43RD STREET
City-St-Zip: MIAMI, FL 33166

Title: MGRM () Delete
Name: WHEELER, CHRISTOPHER
Address: 7560 NW 43RD STREET
City-St-Zip: MIAMI, FL 33166

Title: MGRM () Delete
Name: ENGLEMAN, LEWIS
Address: 7560 NW 43RD STREET
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LEWIS M. ENGLEMAN

MGRM

05/09/2007

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