# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# L06000093062

**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:**

PO BOX 522775
MIAMI, FL 33152

**FEI Number: 20-5606631** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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 TRS 04/29/2009

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