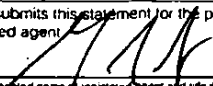
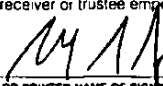


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 17, 2007 8:00 am
Secretary of State

04-25-2007 90033 033 ***150.00

DOCUMENT # L06000100924 1. Entity Name TSC CYPRESS, LLC			
Principal Place of Business 312 OAK STREET MELBOURNE BEACH, FL 33951		Mailing Address 312 OAK STREET MELBOURNE BEACH, FL 33951	
2. Principal Place of Business - No P.O. Box # 1375 Cypress Ave Suite, Apt. #, etc.		3. Mailing Address 1375 Cypress Ave Suite, Apt. #, etc.	
City & State Melbourne, FL Zip 32935		City & State Melbourne, FL Zip 32935	
Country Barbados		Country Barbados	
4. FEI Number 26-8208386		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA CORPORATE SERVICES, LLC 3006 AVIATION AVENUE, STE. 2A COCONUT GROVE, FL 33133		7. Name and Address of New Registered Agent Name Mike SPETKO Street Address (P.O. Box Number is Not Acceptable) 1375 CYPRESS AVE City MELBOURNE FL Zip Code 32935	
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 		DATE 3/31/07	
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	MGRM SPETKO, MICHAEL A 317 OCEAN AVENUE MELBOURNE BEACH, FL 32951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL SPETKO 1375 CYPRESS AVE MELBOURNE FL 32935
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
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: 		Date 3/31/07 Daytime Phone # 721 724-1850	