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May 17, 2007 8:00 am
Secretary of State

04-25-2007 90033 033 ***150.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000100924

1. Entity Name
TSC CYPRESS, LLC

Principal Place of Business	Mailing Address
312 OAK STREET MELBOURNE BEACH, FL 33951	312 OAK STREET MELBOURNE BEACH, FL 33951

01132007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1375 Cypress Ave	1375 Cypress Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State: Melbourne, FL
Zip: 32935 Country: Brevard	Zip: 32935. Country: Brevard

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	7. Name and Address of New Registered Agent
FLORIDA CORPORATE SERVICES, LLC 3006 AVIATION AVENUE, STE. 2A COCONUT GROVE, FL 33133	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 [signature] 3/31/07
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	MGRM SPETKO, MICHAEL A 317 OCEAN AVENUE MELBOURNE BEACH, FL 32951	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Spetko 1375 Cypress Ave Melbourne FL 32935	☑ 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
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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: [signature] 3/31/07 321 724-1850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #