2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 22, 2008 8:00 am Secretary of State DOCUMENT # L06000100924 04-22-2008 90096 023 ***138.75 1. Entity Name TSC CYPRESS, LLC Principal Place of Business Mailing Address 1375 CYPRESS AVE 1375 CYPRESS AVE MELBOURNE, FL 32935 MELBOURNE, FL 32935 02052008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-8208386 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPETKO, MIKE DO NOT WRITE 1375 CYPRESS AVE MELBOURNE, FL 32935 IN THIS SPACE 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 Fiorida. 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 18 \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGRM m.E SPETKO, MICHAEL A NAME STREET ADDRESS 1375 CYPRESS AVE CITY-ST-ZIP MELBOURNE, FL 32935 TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ACCORESS DO NOT WRITE CITY-ST-ZEP IN THIS SPACE MLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this fitting 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 ply 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 physical employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF 8

FILED