

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104061

FILED  
Apr 14, 2007  
Secretary of State

**Entity Name:** TNT PROPERTIES AND INVESTMENTS, LLC

**Current Principal Place of Business:**

990 N UNION CIR  
DELTONA, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

990 N UNION CIR  
DELTONA, FL 32725

**New Mailing Address:**

PO BOX 530587  
DEBARY, FL 32753-587

**FEI Number:** 13-4347723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOANG, TUYEN  
990 N UNION CIR  
DELTONA, FL 32725 US

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

HOANG, TWAIN  
990 N UNION CIR  
DELTONA, FL 32725 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: TWAIN HOANG

04/14/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HOANG, TUYEN  
Address: 990 N UNION CIR  
City-St-Zip: DELTONA, FL 32725

Title: MGRM ( ) Delete  
Name: NGO, TAMMY  
Address: 990 N UNION CIR  
City-St-Zip: DELTONA, FL 32725

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HOANG, TWAIN  
Address: 990 N UNION CIR  
City-St-Zip: DELTONA, FL 32725

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TWAIN HOANG

MR.

04/14/2007

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