

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020160

Entity Name: TLB INVESTORS, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

9261 SW 148 STREET
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

9261 SW 148 STREET
MIAMI, FL 33176

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULZ, MYRLE J
9261 SW 148 STREET
MIAMI, FL 33176 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: MGR () Delete
Name: SMITH, II, WALTER R
Address: 11221 SW 136 STREET
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: SMITH, MARIA I
Address: 11221 SW 136 STREET
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: SCHULZ, MYRLE J
Address: 9261 SW 148 STREET
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: SCHULZ, ANTHONY
Address: 9261 SW 148 STREET
City-St-Zip: MIAMI, FL 33176

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:

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: WALTER R. SMITH II

MGR

04/29/2008

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