2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED Apr 21, 2008 08:00 A Secretary of State

Principal Piece of Business 1240 MARBELLA PLAZA DRIVE 1240 MARBELLA PLAZA DRIVE 1240 MARBELLA PLAZA DRIVE 1240 MARBELLA PLAZA DRIVE 1250 MARBELLA PLAZA DRIVE	1. Entity Nam	ne	TIC - MCINTOSH,					.	Seci	ciai y	01 512
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City & State Country Country S. Contribute 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. Name NRAI SERVICES, INC. City FL City FL City FL City Code City FL City City Code City City FL City City City City City City City City	2. Principal F	Place of Busin	ness - No P.O. Box#	3. Mailing Address	·						
September Sept	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			03202008	Chg-LLC	CR2E	083 (12/06)	
S. Certificate of Status Desired Fee Required F	City & Stat	to	<u> </u>	City & State			4. FEI Numb	er			
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE STE 4 WESTON, FL 33331 City FL Zp Codo 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. SIGNATURE FILE NOWILI FEE IS \$13.8.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 10. ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 10. ADDITION	Zip				ntry	5 Certificate of Status Desired 55.00 Additional					
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL ZP Cod The above named entity submits this statement for the purpose of changing its registered egent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature To the obligations of registered agent and their applicable. Signature To the obligations of registered agent and their applicable. Signature To the obligations of registered agent. Make check payable to Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature To the obligations of registered agent. Make check payable to Florida Department of State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida Department of State of Florida Department o		6. Name	and Address of Current R	legistered Agent			7. Name an	d Address of New R	egistered	Agent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 farm/liar with, and accept the obligations of registered agent. SiGNATURE PILE NOWILL FEE IS \$13.8.75 After May 1, 2008 Fee will be \$538.75 Int. MARK check payable to Florida 1, 2008 Fee will be \$538.75 Int. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 11. ADDITIONS/CHANGES 11. ADDITIONS/CHANGES 12. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 11. ADDITIONS/CHANGES 12. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 11. ADDITIONS/CHANGES 12. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 11. ADDITIONS/CHANGES 11. ADDITIONS/CHANGES 12. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 11. ADDITIONS/CHANGES 11. ADDITIONS/CHANGES 12. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 11. ADDITIONS/CHANGES 11. ADDITIONS/CHANGES 12. ADDITIONS/CHA	NRALSER	VICES IN	ıc			Name					
The above named onlity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Foe will be \$\$38.75 MANAGING MEMBERS/MANAGERS 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANDES 11TLE MCRM MCINTOSH, KIRK S TRUSTEE 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619 11TLE MGRM MCINTOSH, SUZANNE M TRUSTEE 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619 11TLE MARB Check payable to. Florida Department of, State MANE STRET ADDRESS OTY-ST-2P TITLE MARB MCINTOSH, SUZANNE M TRUSTEE 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619 11TLE MARB MCINTOSH, SUZANNE M TRUSTEE 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619 11TLE MARB MCINTOSH, SUZANNE M TRUSTEE 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619 11TLE MARB MCINTOSH, SUZANNE M TRUSTEE STRET ADDRESS CITY-ST-2P TITLE MARB STRET ADDRESS CITY-ST-2P Addition MARB STRET ADDRESS CITY-ST-2P Addition MARB STRET ADDRESS CITY-ST-2P TITLE MARB STRET ADDRESS CITY-ST-2P Addition MARB STRET ADDRESS CITY-ST-2P ADDRE	2731 EXE	CUTIVĖ P	ARK DRIVE STE 4			Street Address	(P.O. Box Numb	er is Not Acceptable	:)		
8. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature types or prind raise of registered agent and state applicable. (NOTE Registered Agent signature required when numbering) DATE						City Zip Code					
NOTE Registered Agent signature registered agent and title if applicable (NOTE Registered Agent signature registered when rentaliting) DATE				the purpose of changing its	register	l ed office or registe	ered agent, or bo	oth, in the State of Flo			and accept
## After May 1, 2008 Fee will be \$538.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Floring Department of (State)	SIGNATURE	Signature, lyped	or printed name of registered agent ar	nd title if applicable (NOTE	Registere	d Agent signature require	d when reinstaling)		DATE		
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-CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS	· .	,	☐ Delete	NAMI STRE	E ET ADDRESS				☐ Change	Addition
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, i further certify that the information	 	ļ <u> </u>			_B			· · · · · · · · · · · · · · · · · · ·	•••		

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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE