
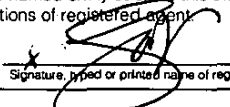



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90017 039 ***138.75

| | | | | | |
|--|--|--|--|---|---|
| DOCUMENT # L07000055024 | | | |  | |
| 1. Entity Name T I PROPERTIES, LLC | | | | | |
| Principal Place of Business 2304 ZOLTANA CIRCLE CLERMONT, FL 34711 US | | | Mailing Address 2304 ZOLTANA CIRCLE CLERMONT, FL 34711 US | | |
| 2. Principal Place of Business - No P.O. Box # 2304 ZALTANA CR | | 3. Mailing Address 2304 ZALTANA CR | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Minneola FL | | City & State Minneola FL | | 4. FEI Number 26-0229091 | |
| Zip 34715 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LEIGH TUCKER, ATTORNEY 713 W. MONTROSE STREET CLERMONT, FL 34711 | | | 7. Name and Address of New Registered Agent Name LEIGH TUCKER, ATTORNEY Street Address (P.O. Box Number is Not Acceptable) 2215 Cluster Oaks Drive, Suite 1 City Clermont FL Zip Code 34711 | | |
| 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  | | | DATE Leigh Tucker 4-10-2008 | | |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | | | DATE | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR THOMPSON, BLAINE D 2304 ZOLTANA CIRCLE CLERMONT, FL 34711 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  | | | DATE 4-10-08 352-243-4702 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |