2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

 $j_{\rm obs}, \tilde{s}$

FILED Jun 02, 2008 8:00 am Secretary of State 04-23-2008 90123 030 ***138.75

DOCU 1. Entity Nam TSA INVE	10	#L070000580			0,125,2		2 5 050	150.75		
Principal Place 524 E GATE BOYNTON B	WAY BLVD		Mailing Address 524 E GATEWAY BLVD BOYNTON BEACH, FL 33435		US	111111111	IN E riff 1 787 Fo lk o oiff 87		0084	
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	_	04172008	Chg-LLC	CR2E	183 (12/06)		
City & State			City & State			4. FEI Numi 26	" 0302	028	1 i	pplied For ot Applicable
Zip	Country		Zip	Coun	stry	L	e of Status Desired		\$5.00 Ad Fee Require	
	6. Name	and Address of Current R	legistered Agent		Name	7. Name an	d Address of New I	Registered	Agent	· · · · · ·
KHAN, MO	TEWAY BL	LVD			Streat Address (P.O. Box Numb	per is Not Acceptable	(e)		
BOYNTON BEACH, FL 33435			,		. ;;					
					City			FI	Zip Cod	•
the obligat	named entitions of regist		the purpose of changing its	register	Led office or register	ed agent, or b	oth, in the State of Fl		lamiliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent an	nd little if epplicable. (NOTE	Registers	d Agent signatura required	when reinstating)		DATE		
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						,		e check p	ayable to ent of Stat	D-
9.		MANAGING MEMBER	IS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MGRM		☐ Deleta	mu	·				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	524 E GA	OHAMMED A TEWAY BLVD N BEACH, FL 33435			E E1 ADDRESS - ST-ZIP					
TITLE	MGRM		☐ Delete	IIILE					☐ Change	Addition
NAME		DHAMMED L		NAMA	- I					_
STREET ADDRESS CITY-ST-ZIP	ı	TEWAY BLVD N BEACH, FL 33435			E1 AODRESS - ST-ZIP					
TITLE			Oelete	TITLE					Change	Addition
STREET ADORESS CITY-ST-ZIP				STREE	ET ADORESS -SI-ZIP					
TITLE NAME STREET ADDRESS			☐ Delete		ET ADORESS				Change	Addition
CITY-ST-ZIP		<u> </u>	☐ Detete	CITY-	-\$1-21P				☐ Change	☐ Addition
NAME STREET ADDRESS				1	E1 ADORESS					
CITY-ST-ZIP	 				·ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delate						☐ Change	Addition
11. I hereby of indicated timited lia	on this repor bility compar	rt is true and accurate and the receiver or trustee of	his filing does not qualify for nat my signature shall have to empowered to execute this r	the exer	mptions contained it legal effect as if m	ade under oatl	n;that∣am a manag	urther certify ging membe	that the infor r or manage	mation r of the
SIGNAT	URE:	4. Rhen (m	ORTHUM ED KI	190		4/2	1108	541	733-	1199