2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# L07000090935

Entity Name: TECE, LLC

Current Principal Place of Business:

9526-B2 ARGYLE FOREST BLVD.
PMB# 115
JACKSONVILLE, FL 32222

New Principal Place of Business:

9526 ARGYLE FOREST BLVD.
STE. B2 # 115
JACKSONVILLE, FL 32222

Current Mailing Address:

9526-B2 ARGYLE FOREST BLVD.
PMB# 115
JACKSONVILLE, FL 32222

New Mailing Address:

9526 ARGYLE FOREST BLVD.
STE. B2 # 115
JACKSONVILLE, FL 32222

FEI Number: 26-0854096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIARDINA, ANTONINO
9526-B2 ARGYLE FOREST BLVD. #115
JACKSONVILLE, FL 32222 US

Name and Address of New Registered Agent:

GIARDINA, ANTONINO
9526 ARGYLE FOREST BLVD.
STE. B2 # 115
JACKSONVILLE, FL 32222 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: ANTONINO GIARDINA 04/16/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GIARDINA, ANTONINO
Address: 9526-B2 ARGYLE FOREST BLVD. #115
City-St-Zip: JACKSONVILLE, FL 32222 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GIARDINA, ANTONINO
Address: 9526 ARGYLE FOREST BLVD. STE. B2 #115
City-St-Zip: JACKSONVILLE, FL 32222 US

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: ANTONINO GIARDINA MGRM 04/16/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date