


FILED
Mar 13, 2008 8:00 am
Secretary of State

01-14-2008 90039 046 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L07000112312			
1. Entity Name TLCA INVESTMENT GROUP, LLC			
Principal Place of Business 5030 CHAMPION BOULEVARD, SUITE G6-293 BOCA RATON, FL 33496		Mailing Address 5030 CHAMPION BOULEVARD, SUITE G6-293 BOCA RATON, FL 33496	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANDBERG, DONNA M 1200 S ROGERS CIRCLE, #11 BOCA RATON, FL 33487		Name _____ 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 familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Donna M. Sandberg</i>		DATE <i>3/10/08</i>	
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	MGRM ALBANESE, TARA L 5030 CHAMPION BOULEVARD, SUITE G6-293 BOCA RATON, FL 33496 <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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Tara L. Albanese</i>		Date: <i>3/10/08</i> 561-994-1375 X1	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

30002025



01102008 Chg-LLC CR2E083 (12/06)

4. FEI Number *26-1377676* Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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Florida Department of State

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10. ADDITIONS/CHANGES

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