
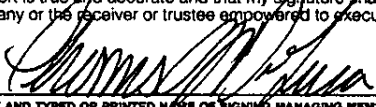


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90334 023 \*\*\*143.75

<b>DOCUMENT # L07000115357</b> 1. Entity Name <b>TDL BUILDERS L.L.C.</b>					
Principal Place of Business <b>2226 WIDE REACH DRIVE ORANGE PARK, FL 32003</b>			Mailing Address <b>P.O. BOX 9060 FLEMING ISLAND, FL 32006</b>		
2. Principal Place of Business - No P.O. Box # <b>2226 WIDE REACH DR</b>		3. Mailing Address <b>P.O. Box 9060</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>ORANGE PARK, FLORIDA</b>		City & State <b>FLEMING ISLAND, FLORIDA</b>		4. FEI Number <b>EIN - 35-2315641</b>	
Zip <b>32003</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DE LUCA, THOMAS J 2226 WIDE REACH DRIVE ORANGE PARK, FL 32003</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DE LUCA, THOMAS J P.O. BOX 9060 FLEMING ISLAND, FL 32006</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DE LUCA, TONY P P.O. BOX 9060 FLEMING ISLAND, FL 32006</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> 			<b>THOMAS J DELUCA 3-1-08 904 269-0674</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		