

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117257

Entity Name: TLP INVESTMENTS LLC

FILED  
Jul 10, 2008  
Secretary of State

**Current Principal Place of Business:**

1464 PALMA BLANCA CT  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

1464 PALMA BLANCA CT  
NAPLES, FL 34119

**New Mailing Address:**

FEI Number: 92-0195991      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PKWY STE. 300  
TAMPA, FL 33637 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PALLESCHI, AMBER  
Address: 1464 PALMA BLANCA CT  
City-St-Zip: NAPLES, FL 34119

Title: MGRM ( ) Delete  
Name: PALLESCHI, MICHAEL  
Address: 1464 PALMA BLANCA CT  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL PALLESCHI

MGRM

07/10/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date