## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000066405

8485 S. TROPICAL TRAIL

TREVISANI, ROBERT A

225 FRANKLIN STREET

( ) Delete

City-St-Zip: MERRITT ISLAND, FL 32952 US

City-St-Zip: BOSTON, MA 02110 US

Address:

Title:

Name:

Address:

Entity Name: TSRE, LLC

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
2022 HENDRICKS AVENUE JACKSONVILLE, FL 32207 US				2700 BUSINESS CENTER BLVD. MELBOURNE, FL 32940 US		
Current Ma	ailing Address	:	New Maili	New Mailing Address:		
2022 HENDRICKS AVENUE JACKSONVILLE, FL 32207 US				2700 BUSINESS CENTER BLVD. MELBOURNE, FL 32940 US		
FEI Number:		FEI Number Applied For (X)	FEI Number Not App	licable ( ) Certificate of Status Desired ( )	)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
BURT, CHRISTOPHER P 2022 HENDRICKS AVENUE JACKSONVILLE, FL 32207 US			2700 BUSÍ	RICHARD, NICHOLS E 2700 BUSINESS CENTER BLVD. MELBOURNE, FL 32940 US		
The above in the State		ubmits this statement for the	purpose of changing i	ts registered office or registered agent, or b	oth	
SIGNATURE: RICHARD E. NICHOLS				04/15/2009		
	Electronic	Signature of Registered Ac	gent	Date		
MANAGING MEMBERS/MANAGERS:			ADDITIONS/0	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	D () [ MASON, RAYMO 2022 HENDRICK JACKSONVILLE,	S AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D ()E WILSON, STEVE 2022 HENDRICK JACKSONVILLE,	S AVENUE	Title: Name: Address: City-St-Zip:	DIR (X) Change ( ) Addition NICHOLS, RICHARD E 8485 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952 US		
Title:	D (X)[	Delete ARD F	Title:	( ) Change ( ) Addition		

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

() Change () Addition

SIGNATURE: RICHARD E. NICHOLS DIR 04/15/2009