

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104302

FILED
Jun 24, 2009
Secretary of State

Entity Name: TSP MANAGEMENT GROUP, LLC

Current Principal Place of Business:

8001 PLAZA DEL LAGO
STE 109
ESTERO, FL 33928 US

New Principal Place of Business:

9990 COCONUT RD
STE 338
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

8001 PLAZA DEL LAGO
STE 109
ESTERO, FL 33928 US

New Mailing Address:

9990 COCONUT RD
STE 338
BONITA SPRINGS, FL 34135 US

FEI Number: 26-4470263 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:

SENATORE, CHARLES F
437 GOLDEN ISLES DR
APT 15-I
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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: SENATORE, CHARLES F
Address: 437 GOLDEN ISLES DRIVE, APT 15-I
City-St-Zip: HALLANDALE, FL 33009

Title: MGR () Delete
Name: KURAJIAN, GEORGE
Address: 2702 MAROON CREEK RD
City-St-Zip: ASPEN, CO 81611

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: CHARLES SENATORE

MGRM

06/24/2009

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