

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000079377

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** TC LANE INVESTMENTS, LLC

**Current Principal Place of Business:**

5211 US HWY 19  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

5211 US HWY 19  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

**FEI Number:** 80-0741396

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LANE, TOMMIE S  
6787 COPPERFIELD DRIVE  
TRINITY, FL 34655 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  
**Name:** LANE, TOMMIE S  
**Address:** 6787 COPPERFIELD DRIVE  
**City-St-Zip:** TRINITY, FL 34655

**Title:** MGRM  
**Name:** LANE, CHRISTINE S  
**Address:** 6787 COPPERFIELD DRIVE  
**City-St-Zip:** TRINITY, FL 34655

**Title:** SECT  
**Name:** PAULES, SHERRI  
**Address:** 7740 LACHLAN DR  
**City-St-Zip:** TRINITY, FL 34655

I hereby 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:** TOMMIE LANE

MGRM

01/05/2012

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