

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000000859

1. Entity Name
TCB OF AMERICA, L.C.



Principal Place of Business
2000 ISLAND BLVD., SUITE 2807
AVENTURA, FL 33160

Mailing Address
2000 ISLAND BLVD., SUITE 2807
AVENTURA, FL 33160



05142004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0847154	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAUR, THOMAS
BAUR, WOODBRIDGE, REUS & KLEIN, P.A.
100 NORTH BISCAYNE BLVD. 21ST FLOOR
MIAMI, FL 33132

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	EGNER, FRITZ
STREET ADDRESS	2000 WILLIAMS ISLAND BLVD., UNIT #2807
CITY - ST - ZIP	AVENTURA, FL 33160

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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05/24/04-80006-013 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

05/18/04