## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # L9900001485 Apr 28, 2000 08:00 AM

1. Entity Name TS-INVEST, L.L.C.						Secretary of State		
Principal Place of Business 209 SOUTH HALIFAX AVENUE, SUITE B2			Mailing Address 209 SOUTH HALIFAX AVENUE, SUITE B2					
DAYTONA BEACH FL 32118			DAYTONA BEACH 32118		FL			
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State			City & State			4. FEI Number 59-3592107		Applied For Not Applicable
۷ip	Zip Country		Zip	Country		5. Certificate of Status Desired	\$5.00 A Fee Requi	idditional ired
	6. Name	and Address of Current R	legistered Agent		ļ	7. Name and Address of New Registered	Agent	
GARDNER C/O CARDN	ROBER				Name			
C/O GARDN			i	Street Addres	ss (P.O. Box Number is Not Acceptable)			
DAYTONA B	HALIFAX AVI EACH	SNUE FL						
32118		US						
					City	FI	Zip Co	ode
8. The above	e named entity	submits this statement for	the purpose of changing its	registere	ed office or regis	stered agent, or both, in the State of Florida.	,	_
SIGNATURE	Signature, typed o	or printed name of registered agent an	id little if applicable. (NOT	E: Registere	d Agent signature requ		<u>8/2000</u>	
			FILE No Make Check Pa	2	FEE IS \$50.0 o Department	Province: (E-101) 4 (E) (603 2 (604 - 4		
9,		MANAGING MEMBEI	RS/MEMBERS	10.	PE AFTERNAL TO	ADDITIONS/CHANGES	5	
TITLE	MGRM		☐ Delete	TITLE	E		☐ Change	e 🔲 Addition
NAME	GOESCH SABINE			NAME	· I			
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·				ET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH		FL 32118		-ST-ZIP			
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CITY-ST-ZIP	DAYTONA BEACH FL 32118				-ST-ZIP			
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<sup>11.</sup> I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.