

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002841

Entity Name: TS CONNECTIONS, LLC

FILED  
Mar 14, 2006  
Secretary of State

**Current Principal Place of Business:**

2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237

**New Mailing Address:**

FEI Number: 16-1619757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PFLUGNER, J. GEOFFREY  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237 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: MGR ( ) Delete  
Name: MCLUCAS, CHRISTOPHER J  
Address: 2081 HUTTON DRIVE 201  
City-St-Zip: CARROLTON, TX 75006

Title: MGR ( ) Delete  
Name: STURGEON, MONTE R  
Address: 2081 HUTTON DRIVE #201  
City-St-Zip: CAROLLTON, TX 75006

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MCLUCAS, CHRISTOPHER J  
Address: 615 STATE HIGHWAY 121, SUITE 121  
City-St-Zip: COPPELL, TX 75019

Title: MGR (X) Change ( ) Addition  
Name: STURGEON, MONTE R  
Address: 615 STATE HIGHWAY 121, SUITE 330  
City-St-Zip: COPPELL, TX 75019

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER J MCLUCAS

MGR

03/14/2006

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