

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90002 008 \*\*\*\*50.00

**DOCUMENT # M03000001388**



1. Entity Name  
**TCS DISTRIBUTORS LLC**

Principal Place of Business  
**317 S. NORTH LAKE BLVD., SUITE 1024  
 ALTAMONTE SPRINGS, FL 32701**

Mailing Address  
**317 S. NORTH LAKE BLVD., SUITE 1024  
 ALTAMONTE SPRINGS, FL 32701**

**24065743**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



04192004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**86-1056043**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2004**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR NAME LOGAN, BARRY S STREET ADDRESS 2665 S. BAYSHORE DRIVE, SUITE 901 CITY-ST-ZIP COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete
TITLE MGR NAME MENENDEZ, ANA M STREET ADDRESS 2665 S. BAYSHORE DRIVE, SUITE 901 CITY-ST-ZIP COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete
TITLE P NAME LENDINO, AL STREET ADDRESS 317 S. NORTH LAKE BLVD., SUITE 1024 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete
TITLE VT NAME DE JESUS, MICHAEL STREET ADDRESS 317 S. NORTH LAKE BLVD., SUITE 1024 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

*Assistant Treasurer  
 EFY DI STEFANO  
 2645 South Bayshore Drive # 901  
 Coconut Grove, FL 33133*

11. 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.

SIGNATURE: Efy Di Stefano Assistant Treasurer Date: 4/27/04 305 714-4119