

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90008 050 \*\*\*\*50.00

**DOCUMENT # M03000002033**



1. Entity Name  
**TIC PROPERTIES MANAGEMENT, LLC**

Principal Place of Business Mailing Address  
**500 EAST NORTH STREET, SUITE F GREENVILLE SC 29601**      **500 EAST NORTH STREET, SUITE F GREENVILLE SC 29601**



1st MOORE CR2E083 (10/05)

2. Principal Place of Business  
**101 N. Main Street**

3. Mailing Address  
**← SAME**

Suite, Apt. #, etc.  
**Suite 1203**

Suite, Apt. #, etc.

City & State  
**Greenville, SC**

City & State

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable

Zip Country  
**29601 USA**

Zip Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LEXISNEXIS DOCUMENT SOLUTIONS, INC.  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  Delete  
 NAME **MGRM**  
 STREET ADDRESS **TIC PROPERTIES, LLC**  
 CITY-ST-ZIP **500 EAST NORTH STREET, SUITE F GREENVILLE SC 29601**

TITLE  Change  Addition  
 NAME **← SAME**  
 STREET ADDRESS **← SAME**  
 CITY-ST-ZIP **101 N. Main Street, Ste 1203 Greenville, SC 29601**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: \_\_\_\_\_ Date **4-10-06** Daytime Phone # **864-672-4842**

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