


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000002677</b>	
1. Entity Name TPFLA HOMES, LLC	

Principal Place of Business 1055 ST. PAUL PLACE CINCINNATI, OH 45202	Mailing Address 1055 ST. PAUL PLACE CINCINNATI, OH 45202
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**DO NOT WRITE IN THIS SPACE**



04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0092917	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSENBEG, MARVIN 1055 ST. PAUL PLACE CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BORTZ, NEIL K 1055 ST. PAUL PLACE CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TWOMBLY, JOHN M 1055 ST. PAUL PLACE CINCINNATI, OH 45202
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05/06/06-80042-015 SU-001

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Neil K. Bortz Neil K. Bortz 4/19/06 (513) 381-8696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #