

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # M04000002912**

1. Entity Name  
**TBI OVERSEAS (BOLIVIA) LLC**



Principal Place of Business  
**3222 RED CLEVELAND BOULEVARD  
SANFORD, FL 32773**

Mailing Address  
**3222 RED CLEVELAND BOULEVARD  
SANFORD, FL 32773**



02202007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0509038**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**ROBINSON, R KEITH  
3222 RED CLEVELAND RD  
SANFORD, FL 32773**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE SD  
NAME CLIFTON, ROGER C  
STREET ADDRESS 3222 RED CLEVELAND BOULEVARD  
CITY-ST-ZIP SANFORD, FL 32773

TITLE AFTC  
NAME FRITZ, KIMBRA F  
STREET ADDRESS 3222 RED CLEVELAND BOULEVARD  
CITY-ST-ZIP SANFORD, FL 32773

TITLE PD  
NAME GOULDTHORPE, LARRY D  
STREET ADDRESS 3222 RED CLEVELAND BOULEVARD  
CITY-ST-ZIP SANFORD, FL 32773

TITLE CFDT  
NAME ROBINSON, R. KEITH  
STREET ADDRESS 3222 RED CLEVELAND BOULEVARD  
CITY-ST-ZIP SANFORD, FL 32773

TITLE AS  
NAME ACKLEY, DAVID E  
STREET ADDRESS 3222 RED CLEVELAND BLVD  
CITY-ST-ZIP SANFORD, FL 32773

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000662745  
03/21/07-80026-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #

2/23/07

407-585-4500