

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90028 016 \*\*\*\*50.00

<b>DOCUMENT # M04000002913</b>					
<b>1. Entity Name</b> TBI OVERSEAS (UK) LLC					
<b>Principal Place of Business</b> 3222 RED CLEVELAND BOULEVARD SANFORD, FL 32773			<b>Mailing Address</b> 3222 RED CLEVELAND BOULEVARD SANFORD, FL 32773		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-1225339	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b>		
Name			R. Keith Robinson		
Street Address (P.O. Box Number is Not Acceptable)			3222 Red Cleveland Blvd.		
City			Sanford, FL		
State			FL		
Zip Code			32773		
<b>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.</b>					
SIGNATURE <i>R. Keith Robinson</i>		R. Keith Robinson, Treasurer, CFO		DATE 4/25/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> BROOKS, KEITH M <b>STREET ADDRESS</b> 3222 RED CLEVELAND BOULEVARD <b>CITY-ST-ZIP</b> SANFORD, FL 32773	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Brooks, Keith M <b>STREET ADDRESS</b> 3222 Red Cleveland Boulevard <b>CITY-ST-ZIP</b> Sanford, FL 32773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> PRICE, CAROLINE F <b>STREET ADDRESS</b> 3222 RED CLEVELAND BOULEVARD <b>CITY-ST-ZIP</b> SANFORD, FL 32773	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Price, Caroline F <b>STREET ADDRESS</b> 3222 Red Cleveland Blvd. <b>CITY-ST-ZIP</b> Sanford, FL 32773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> GOULDTHORPE, LARRY D <b>STREET ADDRESS</b> 3222 RED CLEVELAND BOULEVARD <b>CITY-ST-ZIP</b> SANFORD, FL 32773	<input type="checkbox"/> Delete		<b>TITLE</b> P/COO/D/AS <b>NAME</b> Gouldthorpe, Larry D <b>STREET ADDRESS</b> 3222 Red Cleveland Blvd. <b>CITY-ST-ZIP</b> Sanford, FL 32773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> ROBINSON, R. KEITH <b>STREET ADDRESS</b> 3222 RED CLEVELAND BOULEVARD <b>CITY-ST-ZIP</b> SANFORD, FL 32773	<input type="checkbox"/> Delete		<b>TITLE</b> I/CFO/D <b>NAME</b> Robinson, R Keith <b>STREET ADDRESS</b> 3222 Red Cleveland Blvd. <b>CITY-ST-ZIP</b> Sanford, FL 32773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> AT/FC <b>NAME</b> M. Christine Ronning <b>STREET ADDRESS</b> 3222 Red Cleveland Blvd. <b>CITY-ST-ZIP</b> Sanford, FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> AFC <b>NAME</b> Sandy Cooper <b>STREET ADDRESS</b> 3222 Red Cleveland Blvd. <b>CITY-ST-ZIP</b> Sanford, FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>R. Keith Robinson</i>		R. Keith Robinson 4/25/05 407-585-4550			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

ATTACHMENT  
20050085

**TBI OVERSEAS (UK) LLC**  
**Attachment to Document #M04000002913**  
**2005 Limited Liability Company**  
**Annual Report**

**Addition:**  
**Clifton, Roger C.**  
**3222 Red Cleveland Blvd.**  
**Sanford, FL 32773**

**Title:**  
**Secretary**

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