2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 21, 2006 8:00 am Secretary of State

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DOCUMENT # M0400002913 1. Entity Name TBI OVERSEAS (UK) LLC						04-21-2006	_		
Principal Place of Business 3222 RED CLEVELAND BOULEVARD SANFORD, FL 32773 Mailing Address 3222 RED CLEVELAND SANFORD, FL 32773) BOULEV	/ARD	11007009	Gaisi Biri: 40711 Gairi Ba	1511 20 10 80 1(2 1)	OLO (SIBL II KOM II	11881 (III (93 1
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262006	Chg-LLC	CR2E0	83 (11/05)		
City & State		City & State			4. FEI Number Applied For 65-1225339 Not Applicable				
Zip	Country	Zip	Count	ry	5. Certificate	of Status Desired		\$5.00 Add	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New I	Registered /	Agent	
50511100	A) B 1/E/TH			Name					
ROBINSON, R. KEITH 3222 RED CLEVELAND BLVD SANFORD, FL 32773				Street Address (P.O. Box Numb	er is Not Acceptabl	9)		
			-	City			FL	Zip Cod	e
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registere	ed office or register	ed agent, or bo	th, in the State of Fl		familiar with,	and accept
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SIGNATURE.			T. D				BAYE		
SIGNATURE.	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered	Agent signature required	d when reinstating)		DATE		
Fi	Signature, typed or printed name of registered ager illing Fee is \$50.00 ue by May 1, 2006	it and title if epplicable. (NOT	E: Registered	Agent signature required	d when reinstating)		ke check p	ayable to ent of State	
Fi	iling Fee is \$50.00		E: Registered	Agent signature required	d when reinstating)		ke check p a Departm	ent of State	e
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/10/06 407-585-4550 Date Phone #