


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2005 90028 003 ****50.00

DOCUMENT # M04000004133	
1. Entity Name TP EIGHT LLC	

Principal Place of Business 401 S DEPONT HIGHWAY GEORGETOWN, DE 19947	Mailing Address 401 S DEPONT HIGHWAY GEORGETOWN, DE 19947
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20050098



2. Principal Place of Business 401 S. DuPont Highway Suite, Apt. #, etc.		3. Mailing Address 3950 RCA Blvd. Suite 5000 Suite, Apt. #, etc.	
City & State Georgetown, DE		City & State Palm Beach Gardens, FL	
Zip 19947	Country USA	Zip 33410	Country USA

02022005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1620489	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOWNSENE, INC. 401 S DEPONT HIGHWAY GEORGETOWN, DE 19947 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR P. Coleman Townsend, Jr. 401 S. DuPont Highway Georgetown, DE 19947 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.

SIGNATURE: George C. White George C. White 2/04/05 (302) 855-7100
Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #