## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # M05000001963

1. Entity Name TSE OF PENNSYLVANIA, L.L.C.



FILED Mar 28, 2006 08:00 AM **Secretary of State** 

Principal Place of Business

Mailing Address

2987 BABCOCK BLVD. SUITE 101 PITTSBURGH, PA 15237 2987 BABCOCK BLVD.

SUITE 101

PITTSBURGH, PA 15237



## DO NOT WRITE IN THIS SPACE

03242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-2138195

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

JOHNSON, MEL **4025 TAMPA RD SUITE 1205** OLDSMAR, FL 34677

STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

8. The above trained 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				
<del></del>	Signature, typed or primed name of registered agent and title it applicable.	(NOTE: Registered Agent signature required when rehatating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2008		U00000482783	
e.	MANAGING MEMBERS/MANAGERS		04/11/06-80090-006 5U.DU	
TITLE NAME SIGNET ADDRESS CHY-ST-ZIP	MGRM TITLESOUTHEAST, INC. 4025 TAMPA RD SUITE 1205 OLDSMAR, FL 34877			
ntle Name Street Address City-St-Zip				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	IOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TI	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: