


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90028 004 ***138.75

DOCUMENT # M05000001963

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




Principal Place of Business Mailing Address
 2987 BABCOCK BLVD. 2987 BABCOCK BLVD.
 SUITE 101 SUITE 101
 PITTSBURGH, PA 15237 PITTSBURGH, PA 15237

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
8700 Perry Highway **8700 Perry Highway**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 101 Suite 101

City & State City & State
Pittsburgh, PA **Pittsburgh, PA**

Zip Country Zip Country
15237 **USA** **15237** **USA**



04282008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

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

4. FEI Number Applied For
54-2138195 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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: _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TITLESOUTHEAST, INC. 4025 TAMPA RD SUITE 1205 OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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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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

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: *Melvin Johnson* Date: *4/28/2008* Daytime Phone #: *813 818-8744*

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