


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 A**  
**Secretary of State**

|                                                                    |                                                                                   |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # M05000002923</b><br>1. Entity Name<br>TBI (U.S.) LLC |  |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|

Principal Place of Business  
3222 RED CLEVELAND BLVD.  
SANFORD, FL 32773

Mailing Address  
3222 RED CLEVELAND BLVD.  
SANFORD, FL 32773



02202007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3527467 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|-----------------------------------------------------------|------------------------------------------|

**6. Name and Address of Current Registered Agent**

ROBINSON, R. KEITH  
3222 RED CLEVELAND BLVD.  
SANFORD, FL 32773

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

|                                                |                                                                                  |
|------------------------------------------------|----------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TBI US OPERATIONS, INC.<br>3222 RED CLEVELAND BLVD.<br>SANFORD, FL 32773 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>CLIFTON, ROGER C<br>3222 RED CLEVELAND BOULEVARD<br>SANFORD, FL 32773      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GOULDTHORPE, LARRY D<br>3222 RED CLEVELAND BOULEVARD<br>SANFORD, FL 32773  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TCFD<br>ROBINSON, R. KEITH<br>3222 RED CLEVELAND BOULEVARD<br>SANFORD, FL 32773  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ATFC<br>FRITZ, KIMBRA F<br>3222 RED CLEVELAND BOULEVARD<br>SANFORD, FL 32773     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>ACKLEY, DAVID E<br>3222 RED CLEVELAND BOULEVARD<br>SANFORD, FL 32773       |

U000000662743  
03/21/07-80026-001 50.00

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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 MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/23/07

Date

407-585-4500

Daytime Phone #