2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# M05000002923

Entity Name: TBI (U.S.) LLC

Current Principal Place of Business:

3222 RED CLEVELAND BLVD.
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

3222 RED CLEVELAND BLVD.
SANFORD, FL 32773

New Mailing Address:

FEI Number: 59-3527467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	TBI US OPERATIONS, I, NC.	
Address:	3222 RED CLEVELAND BLVD.	
City-St-Zip:	SANFORD, FL 32773	
Title:	SD	( ) Delete
Name:	CLIFTON, ROGER C	
Address:	3222 RED CLEVELAND BOULEVARD	
City-St-Zip:	SANFORD, FL 32773	
Title:	PD	( ) Delete
Name:	GOULDTHORPE, LARRY D	
Address:	3222 RED CLEVELAND BOULEVARD	
City-St-Zip:	SANFORD, FL 32773	
Title:	TCFD	( ) Delete
Name:	ROBINSON, R. KEITH	
Address:	3222 RED CLEVELAND BOULEVARD	
City-St-Zip:	SANFORD, FL 32773	
Title:	ATFC	( ) Delete
Name:	FRITZ, KIMBRA F	
Address:	3222 RED CLEVELAND BOULEVARD	
City-St-Zip:	SANFORD, FL 32773	
Title:	AS	( ) Delete
Name:	ACKLEY, DAVID E	
Address:	3222 RED CLEVELAND BOULEVARD	
City-St-Zip:	SANFORD, FL 32773	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	GATEHOUSE, MARY	
Address:	3222 RED CLEVELAND BOULEVARD	
City-St-Zip:	SANFORD, FL 32773	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: R KEITH ROBINSON TCFD 03/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date