



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M05000006217</b> 1. Entity Name TFA NATIONAL OPERATIONS AGENCY, LLC	
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Principal Place of Business 555 SOUTH FRONT STREET, SUITE 400 COLUMBUS, OH 43215	Mailing Address 555 SOUTH FRONT STREET, SUITE 400 COLUMBUS, OH 43215
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04022007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-3508152	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

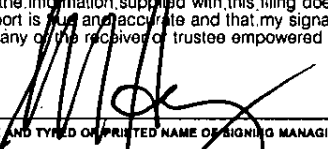
<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2007	

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENRY, GEORGE L 555 SOUTH FRONT STREET, SUITE 400 COLUMBUS, OH 43215
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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: 	4/7/07 (64) 224-9207 Date Daytime Phone #