

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001236

Entity Name: TSANA, LLC

FILED
Aug 25, 2008
Secretary of State

Current Principal Place of Business:

11450 SE DIXIE HWY
HOBE SOUND, FL 33455

New Principal Place of Business:

11450 SE DIXIE HWY
SUITE 203
HOBE SOUND, FL 33455

Current Mailing Address:

11450 SE DIXIE HWY
HOBE SOUND, FL 33455

New Mailing Address:

11450 SE DIXIE HWY
SUITE 203
HOBE SOUND, FL 33455

FEI Number: 22-3586165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CASPERSEN, BARBARA M
Address: 11450 SE DIXIE HWY
City-St-Zip: HOBE SOUND, FL 33455

Title: MGRM () Delete
Name: CASPERSEN, ANNA
Address: 11450 SE DIXIE HWY
City-St-Zip: HOBE SOUND, FL 33455

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: KEEGAN, LUCILLE F
Address: 11450 SE DIXIE HWY, SUITE 203
City-St-Zip: HOBE SOUND, FL 33455

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: LUCILLE F. KEEGAN

MGR

08/25/2008

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