

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # Z00624

1. Entity Name
T.C. CHANG III, L.C.



Principal Place of Business
1663 GEORGIA ST NE
SUITE 200
PALM BAY, FL 32907 US

Mailing Address
1663 GEORGIA ST NE
SUITE 200
PALM BAY, FL 32907 US



04252005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3148223

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOALLEM, DAVID M
1663 GEORGIA ST NE
SUITE 200
PALM BAY, FL 32907

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHANG, THOMAS C. 901 SWINKS MILLS RD MCLEAN, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOALLEM, M. DAVID 1663 GEORGIA ST NE, STE 200 PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, JORDAN R 787 LOGGERHEAD ISLAND WAY SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/05-80092-025 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: M.O. Moalle

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

04/26/05

Date

321-724-2424

Daytime Phone #