

LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 28, 2006 8:00 am  
Secretary of State

04-28-2006 90021 023 \*\*\*150.00

DOCUMENT # **700624**  
1. Entity Name  
T.C.CHANG III, L.C. D/B/A TWIN OAKS PLAZA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1663 GEORGIA STREET, N.E.  
Suite, Apt. #, etc

3. Mailing Address  
1663 GEORGIA STREET, N.E.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PALMBAY, FL

City & State  
PALMBAY, FL

4. FEI Number  
59-3148223

Applied For  
Not Applicable

Zip  
32907

Country

Zip  
32907

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
MOALLEM, DAVID M

Street Address (P.O. Box Number is Not Acceptable)  
1663 GEORGIA ST NE

Suite 200

City  
Palm Bay

FL

Zip Code  
32903

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.

DATE

Fee is \$50.00  
Make Check Payable to Department of State  
DUE BY MAY 9

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOALLEM, M. DAVID 1663 GEORGIA ST NE, STE 200 PALM BAY FL 32907 US	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *mo. moalle*

Date

Daytime Phone #

4/13/06 321-724-2424