

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # Z00624

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



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

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



03092007 No Chg-LLC

CR2E083 (11/05)

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, 2007**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

3/9/07 321-724-2424