

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# Z00624

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

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

1663 GEORGIA ST NE
PALM BAY, FL 32907 US

New Principal Place of Business:

1663 GEORGIA ST NE
200
PALM BAY, FL 32907 US

Current Mailing Address:

1663 GEORGIA ST NE
PALM BAY, FL 32907 US

New Mailing Address:

1663 GEORGIA ST NE
200
PALM BAY, FL 32907 US

FEI Number: 59-3148223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOALLEM, DAVID M
1663 GEORGIA ST NE
SUITE 200
PALM BAY, FL 32907 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: CHANG, THOMAS C.
Address: 901 SWINKS MILLS RD
City-St-Zip: MCLEAN, VA

Title: MGRM () Delete
Name: MOALLEM, M. DAVID
Address: 1663 GEORGIA ST NE, STE 200
City-St-Zip: PALM BAY, FL 32907 US

Title: MGRM () Delete
Name: THOMPSON, JORDAN R
Address: 787 LOGGERHEAD ISLAND WAY
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES:

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

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

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

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: M. DAVID MOALLEM

MGR

04/15/2009

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