

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040992

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** TS CAPITAL, LLC

**Current Principal Place of Business:**

PO BOX 272215  
BOCA RATON, FL 33427

**New Principal Place of Business:**

1360 NW 13TH CT  
BOCA RATON, FL 33486

**Current Mailing Address:**

PO BOX 272215  
BOCA RATON, FL 33427

**New Mailing Address:**

FEI Number: 20-4972611

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ASTI, ELIZABETH  
3511 NW 109TH TERRACE  
SUNRISE, FL FL US

**Name and Address of New Registered Agent:**

ASTI, ELIZABETH  
1360 NW 13TH CT  
BOCA RATON, FL 33486 US

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: ELIZABETH ASTI

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHAH, ANJALI  
Address: PO BOX 272215  
City-St-Zip: BOCA RATON, FL 33427

Title: MGRM ( ) Delete  
Name: ASTI, ELIZABETH  
Address: PO BOX 272215  
City-St-Zip: BOCA RATON, FL 33427

**ADDITIONS/CHANGES:**

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: ANJALI SHAH

MGRM

04/30/2007

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