

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017240

FILED
Feb 21, 2006
Secretary of State

Entity Name: TMW, LLC

Current Principal Place of Business:

3191 CORAL WAY
SUITE #613
MIAMI, FL 33145

New Principal Place of Business:

2030 DOUGLAS RD.
SUITE #212
CORAL GABLES, FL 33134

Current Mailing Address:

3191 CORAL WAY
SUITE #613
MIAMI, FL 33145

New Mailing Address:

2030 DOUGLAS RD.
SUITE #212
CORAL GABLES, FL 33134

FEI Number: 03-0473384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CANACHE, CAROLINA
4555 NW 99TH AVE
APT # 203
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

CANACHE, CAROLINA
2030 DOUGLAS RD.
212
CORAL GABLES, FL 33178 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: CAROLINA CANACHE

02/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOPEZ, TULIO J
Address: 10248 NW 51ST TERRACE
City-St-Zip: MIAMI, FL 33178

Title: MGR () Delete
Name: SANCHEZ, JAVIER
Address: 3191 CORAL WAY, SUITE #613
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: SANCHEZ, JAVIER
Address: 2030 DOUGLAS RD, SUITE #212
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: TULIO LOPEZ

MGR

02/21/2006

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