


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000020139**  
 1. Entity Name  
 TKM DEVELOPMENT, LLC



Principal Place of Business      Mailing Address  
 10276 RIVERSIDE DRIVE      10276 RIVERSIDE DRIVE  
 PALM BEACH GARDENS, FL 33410      PALM BEACH GARDENS, FL 33410

**DO NOT WRITE IN THIS SPACE**



01042005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 02-0701706	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 ANDERSON, TIMOTHY K ESQUIRE  
 675 WEST INDIANTOWN ROAD, SUITE 103  
 JUPITER, FL 33458

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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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE, KIMBERLY M 10276 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410
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100000272058  
 03/21/05-80071-024 50.00

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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)(f), 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:** *Timothy K Anderson* <sup>or</sup> *Kimberly M Moore*      2/10/05  
 \_\_\_\_\_      3/9/05      561/775-8882  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #