

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

2/2

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90344 040 \*\*\*\*50.00

**34001070**



|   |  |  |   |
|---|--|--|---|
| <b>DOCUMENT # L03000021258</b>  |  |  |   |
| 1. Entity Name<br><b>TOMIG INVESTMENTS, LLC</b>   |  |  |   |
| Principal Place of Business<br><b>2673 STARWOOD COURT<br/>WEST PALM BEACH, FL 33406</b>   |  | Mailing Address<br><b>2673 STARWOOD COURT<br/>WEST PALM BEACH, FL 33406</b>  |   |
| 2. Principal Place of Business  |  | 3. Mailing Address   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |
| City & State  |  | City & State   |   |
| Zip   | Country  | Zip  | Country   |
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent  |   |
| DE MENDOZA, MARIO G III<br>MARIO G. DE MENDOZA, III, P.A.<br>12765 FOREST HILL BOULEVARD STE. 1302<br>WELLINGTON, FL 33414  |  | Name<br><b>Mario G. de Mendoza, III, P.A.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>12765 Forest Hill Boulevard, Suite 1302</b><br>City<br><b>Wellington</b> FL Zip Code<br><b>33414</b> |   |
| 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   |  | Mario G. de Mendoza, III<br>DATE <b>2/6/04</b>   |   |
| Filing Fee is \$50.00<br>Due by May 1, 2004   |  | Make check payable to<br>Florida Department of State   |   |
| 9. MANAGING MEMBERS/MANAGERS  |  | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>CANDALES, ANTONIO D<br>2673 STARWOOD COURT<br>WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>CANDALES, MIGDEMIA<br>2673 STARWOOD COURT<br>WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  |  | Migdemia Candales; Manager <b>2/6/04</b> (561) 784-2930  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  | DATE Daytime Phone #   |   |