


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

04-29-2004 90068 033 ****50.00

DOCUMENT # L03000045509

1. Entity Name
 TCME, L.L.C.




Principal Place of Business
 C/O JOHN A. MORAN
 22 SOUTH LINKS AVE., STE. 300
 SARASOTA, FL 34236

Mailing Address
 C/O JOHN A. MORAN
 22 SOUTH LINKS AVE., STE. 300
 SARASOTA, FL 34236

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

Country
 USA



04162004 Chg-LLC CR2E083 (10/03)

4. FEI Number
 34-2134320

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORAN, JOHN A ESQ
 C/O DUNLAP & MORAN, P.A.
 22 SOUTH LINKS AVE, STE 300
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

R.A. & Authorized Rep. of a Member
 John A. Moran
 PO Box 3948
 Sarasota, FL 34230

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: John A. Moran Date: 04/23/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone (941) 366-0115

Attachment
34007965

203000045509

LAW OFFICES OF
DUNLAP & MORAN, P.A.

SUITE 300
22 SOUTH LINKS AVENUE
SARASOTA, FLORIDA 34236
POST OFFICE BOX 3948
SARASOTA, FLORIDA 34230-3948
TELEPHONE 941-366-0115
FACSIMILE 941-365-4660

SCOTT H. CARTER*
SCOTT W. DUNLAP**
GARY KAUFFMAN†
RUTH E. MCMAHON†
DAVID M. MITCHELL§
JOHN A. MORAN
REBECCA J. PROCTOR
DAVID H. ROSENBERG
JOHNSON S. SAVARY, JR.††

* ALSO LICENSED IN TEXAS
** FLORIDA BAR BOARD CERTIFIED—
REAL ESTATE
† FLORIDA BAR BOARD CERTIFIED—
WILLS, TRUSTS & ESTATES
ALSO LICENSED IN
COLORADO AND MICHIGAN
†† ALSO LICENSED IN MICHIGAN
§ OF COUNSEL
† ALSO LICENSED IN NEW YORK

May 28, 2004

6617-2

Division of Corporations
Registration Section
Post-Office Box 6478
Tallahassee, FL 32314

RE: TCME, L.L.C.

Dear Sir/Madam:


Enclosed herewith for filing is the 2004 Uniform Business Report, in connection with the above-referenced limited liability company.

Also, **enclosed** please your letter dated May 4, 2004 in connection with additional information you requested. Please be aware that we have provided the additional information you requested on the **enclosed** 2004 Uniform Business Report.

If you have any questions with regard to this letter and/or the **enclosures**, please do not hesitate to contact me.

Very truly yours,

DUNLAP & MORAN, P.A.



Johnson S. Savary, Jr.
For the Firm

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Enclosures

ENCLOSURE
ENCLOSURE

Attachment



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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 4, 2004

TCME, L.L.C.
C/O JOHN A. MORAN
PO BOX 3948
SARASOTA, FL 34230 US

Subject: TCME, L.L.C.

Reference Number: E03000045509

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

- List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: ~~Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314~~ within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cc
ANNUAL REPORTS SECTION

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