

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072925

FILED
Jun 13, 2007
Secretary of State

Entity Name: TMU USA, LLC

Current Principal Place of Business:

1250 E. HALLANDALE BLVD
SUITE 408
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

1250 E. HALLANDALE BLVD
SUITE 408
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TALIBOV, UMID
Address: 7200 W. CAMINO REAL, #102
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM (X) Delete
Name: TALIBOV, MIRZOSHAROF
Address: 7200 W. CAMINO REAL, #102
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TALIBOV, MIRZOSHAROF
Address: 1250 E. HALLANDALE BLVD., #408
City-St-Zip: HALLANDALE BEACH, FL 33009

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: TALIBOV MIRZOSHAROF

MGRM

06/13/2007

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