


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000101070**

1. Entity Name  
 TNMJT ENTERPRISES, LLC



Principal Place of Business 2510 WILEY COURT HOLLYWOOD, FL 33020	Mailing Address 2510 WILEY COURT HOLLYWOOD, FL 33020
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**DO NOT WRITE IN THIS SPACE**



01082008No Chg-LLC CR2E083 (12/07)

4. FEI Number 56-2618722	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

SCHLICHTE, MATTHEW J  
 2134 HOLLYWOOD BOULEVARD  
 HOLLYWOOD, FL 33020

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIMBERLY, JACK P.O. BOX 413 HALLANDALE, FL 330080413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIMBERLY, LINDA P.O. BOX 413 HALLANDALE, FL 330080413
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U00000852255  
 03/26/08-80022-003 138.75

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Day/Time Phone # \_\_\_\_\_