


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90218 040 \*\*\*\*55.00

<b>DOCUMENT # M03000000439</b>			
1. Entity Name TM AERO, LLC			
Principal Place of Business 5514 CARMACK ROAD TAMPA FL 33610		Mailing Address 5514 CARMACK ROAD TAMPA FL 33610	
2. Principal Place of Business		3. Mailing Address 8409 Laurel Fair Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 100	
City & State		City & State Tampa	
Zip	Country	Zip	Country
33610	USA	33610	USA

24023302



MOORE CR2E083 (11/03)

4. FEI Number NO-T APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			

6. Name and Address of Current Registered Agent MEINERS, LOUIS M JR 200 AVIATION DRIVE, SUITE 2 NAPLES FL 34104		7. Name and Address of New Registered Agent	
		Name Casey Wasielewski	
		Street Address (P.O. Box Number is Not Acceptable) 8409 Laurel Fair Circle, Suite 100	
		City Tampa	FL Zip Code 33610

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 *Casey Wasielewski* DATE 22 March 2004

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WASIELEWSKI, MICHAEL C <input checked="" type="checkbox"/> Delete 5514 CARMACK ROAD TAMPA FL 33610	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & General Manager <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wasielewski, Michael C 8409 Laurel Fair Circle, Suite 100 Tampa, FL 33610
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
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
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
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
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

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: *Michael Wasielewski* Michael WASIELEWSKI, 22 MAR 04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

813-628-0700  
Date Daytime Phone #