## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 07, 2005 08:00 AM Secretary of State

ANNUAL REPORT			ren 0/, 2005 06:00
DOCUMENT # L98000003465			Secretary of Star
1. Entity Name			
TLM INVESTMENTS, LLC	_		
Principal Place of Business	Mailing Address		
7050 AUGUSTA NATIONAL DRIVE Orlando, Fl. 32822	7050 AUGUSTA NATIONAL DR ORLANDO, FL 32822	IVE	-
	See and the surface of	and the second s	
DO NOT WRITE	IN THIS SPA	CE	01052005 No Chg-LLC CR2E083 (10/03)
			4. FEI Number   Applied For   59-3550627   Not Applicable
			5. Certificate of Status Desired
6. Name and Address of Current Re	egistered Agent		
LEE, RICHARD T 7050 AUGUSTA NATIONAL DRIVE			DO NOT WRITE
ORLANDO, FL 32822		,	IN THIS SPACE
8. The above named entity submits this statement for the obligations of registered agent.	he purpose of changing its register	ed office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and	title if applicable (NOTE Registers	d Agent signatura required	When reinstailing) DATE
Filing Fee is \$50.00 Due by May 1, 2005			UNON00218773 02/08/05-80001-005 50.00
9. MANAGING MEMBERS	S/MANAGERS		The second secon
TITLE MGR NAME LEE, THOMAS G II	· · · · · · · · · · · · · · · · · · ·		The state of the s
STREET ADDRESS 7050 AUGUSTA NATIONAL DRIVE	Ē		
CITY-ST-ZIP ORLANDO, FL 32822	<u></u>		
TITLE NAME			,
STREET ADDRESS			
CITY-ST-ZIP TITLE			
NAME			
STREET ADDRESS  CITY-ST-ZIP			DO NOT WRITE
TITLE	<del></del>		· · · · · · · · · · · · · · · · · · ·
NAME			IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP			
TITLE		: <u></u>	
NAME STREET ADDRESS			
CITY-ST-ZIP		•	
TITLE NAME		Ī	<del>-</del>

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_

STREET ADDRESS CITY-ST-ZIP

RICHARD T. LEE
TED NAME OF SICHNIG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-06-2005

407-857-2835

Date

Daytime Phone #