

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073529

Entity Name: TM HOLDING LLC

FILED
Feb 24, 2005
Secretary of State

Current Principal Place of Business:

5200 BLUE LAGOON DRIVE, SUITE 600
MIAMI, FL 33126

New Principal Place of Business:

5200 BLUE LAGOON DRIVE
SUITE 600
MIAMI, FL 33126

Current Mailing Address:

5200 BLUE LAGOON DRIVE, SUITE 600
MIAMI, FL 33126

New Mailing Address:

5200 BLUE LAGOON DRIVE
SUITE 600
MIAMI, FL 33126

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, LAUREN V
5200 BLUE LAGOON DRIVE, SUITE 600
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

PEREZ, LAUREN V
5200 BLUE LAGOON DRIVE
SUITE 600
MIAMI, FL 33126 US

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: LAUREN V. PEREZ

02/24/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: S.J.R., INC.,
Address: 5200 BLUE LAGOON DRIVE, SUITE 600
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Delete
Name: T.R.S., INC.,
Address: 5200 BLUE LAGOON DRIVE, SUITE 600
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAUREN V. PEREZ

R.A.

02/24/2005

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