

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A04000000266

1. Entity Name
TMR HOLDINGS, LLLP



FILED

08 JAN 30 PM 4:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
**850 NW FEDERAL HIGHWAY
SUITE 121
STUART, FL 34994**

Mailing Address
**P.O. BOX 1407
STUART, FL 34995**

2. Principal Place of Business - No P.O. Box #
421 SW California Ave.

3. Mailing Address

01182008 Chg-LP CR2E003 (12/06)

4. FEI Number
20-1998156

Applied For
Not Applicable

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
Stuart, FL

City & State

Zip
34994

Country
US

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JEFFRIES, DAVID M
FEE & JEFFRIES, P.A.
101 E KENNEDY BLVD, STE 3000
TAMPA, FL 33602-5884**

Name
Jeffries, David M.

Street Address (P.O. Box Number is Not Acceptable)
c/o Fee & Jeffries, P.A.

1227 N. Franklin Street

City
Tampa

FL Zip Code
33602

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

DATE

1-24-08

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**L04000005823
AARONJOE, LLC
PO BOX 1407
STUART, FL 34995**

STREET ADDRESS

CITY-ST-ZIP

**300116634623
02/01/08--01004--014 **500.00**

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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 820, Florida Statutes

SIGNATURE: **Todd A. Resnick**

01/22/2008

(772) 221-4624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE