


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000004281
 1. Entity Name
THE TM FAMILY #1, LLC



Principal Place of Business Mailing Address
5591 DIANTHUS STREET **5591 DIANTHUS STREET**
GREEN COVE SPRINGS, FL 32043 **GREEN COVE SPRINGS, FL 32043**



03302006No Chg-LLC CR2E083 (11/05)

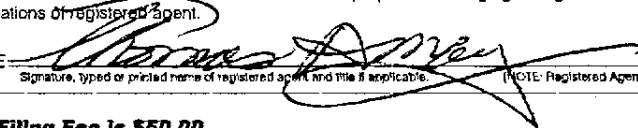
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3645824	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MAY, THOMAS A
5591 DIANTHUS STREET
GREEN COVE SPRINGS, FL 32043

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: **3/31/06**

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

Filing Fee is \$50.00
Due by May 1, 2006

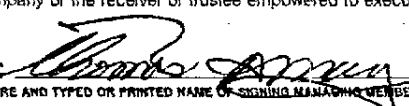
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAY, THOMAS A 5591 DIANTHUS STREET JACKSONVILLE, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAY, SHARON L 5591 DIANTHUS STREET JACKSONVILLE, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/02/06-80036-015 50.C

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:  DATE: **3/31/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #