2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000004284

1. Entity Name
THE TM FAMILY #2, LLC

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

DO NOT WRITE IN THIS SPACE

03022004 No Chg-LLC   CR2E063 (10/03)

4. FEI Number	Applied For
59-3645827	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MAY, THOMAS A
5591 DIANTHUS STREET
GREEN COVE SPRINGS, FL 32043

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

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

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

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03/18/04-80041-005 50.00

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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: *Sharon L. May*   Sharon L May   3/10/04   904-284-2164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #