


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000004284 1. Entity Name THE TM FAMILY #2, LLC	
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Principal Place of Business 5591 DIANTHUS STREET GREEN COVE SPRINGS, FL 32043	Mailing Address 5591 DIANTHUS STREET GREEN COVE SPRINGS, FL 32043
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DO NOT WRITE IN THIS SPACE



02022005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3645827	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

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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 _____ DATE _____
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, 2005**

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
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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)(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 empowered to execute this report as required by Chapter 603, Florida Statutes.

SIGNATURE:  3/27/05 904-20-1228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #