


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000004284**

1. Entity Name  
 THE TM FAMILY #2, LLC



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

Mailing Address  
 5591 DIANTHUS STREET  
 GREEN COVE SPRINGS, FL 32043

**DO NOT WRITE IN THIS SPACE**



03302006 No Chg-LLC CR2E083 (11/05)

4. FEI Number  
 59-3645827 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

8. 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: *Thomas A May* (NOTE: Registered Agent signature required when reinstating)

DATE: 3/31/06

**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
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L00000517311  
 05/01/06-80041-002 50.00

**DO NOT WRITE IN THIS SPACE**

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: *Thomas A May* DATE: 3/31/06

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