


2007 LIMITED LIABILITY COMPANY - ANNUAL REPORT

FILED
Mar 27, 2007 08:00 A
Secretary of State

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



02232007No Chg-LLC CR2E083 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$50.00
Due by May 1, 2007


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 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:  **3/19/07** **904-284-2164**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #