

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004284

Entity Name: THE TM FAMILY #2, LLC

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

5591 DIANTHUS STREET
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

5591 DIANTHUS STREET
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 59-3645827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAY, THOMAS A
Address: 5591 DIANTHUS STREET
City-St-Zip: JACKSONVILLE, FL 32043

Title: MGRM () Delete
Name: MAY, SHARON L
Address: 5591 DIANTHUS STREET
City-St-Zip: JACKSONVILLE, FL 32043

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAY, THOMAS A
Address: 5591 DIANTHUS STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM (X) Change () Addition
Name: MAY, SHARON L
Address: 5591 DIANTHUS STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

PRES

01/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date