

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90004 001 ****50.00

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3645827**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLEMAN, C. R ESQ.
SUITE 230
9250 BAYMEADOWS ROAD
JACKSONVILLE FL 32256**

Name **Thomas A. May**

Street Address (P.O. Box Number is Not Acceptable)

5591 Dianthus Street

City

Green Cove Springs

FL

Zip Code
32043

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*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/26/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/26/03
Date

904-284-2164
Daytime Phone #

CR2E083 (10/02)