

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014162

1. Entity Name  
T.D.M., L.L.C.

FILED

01 MAY -3 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1199 OLD DIXIE HWY 1199 OLD DIXIE HWY  
RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-1061627 Applied For Not Applicable

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

SINGER, MICHAEL S ESQ  
1201 US HWY ONE WY  
SUITE 240A  
NORTH PALM BEACH FL 33468  
3801 PGA BOULEVARD  
SUITE 802  
PALM BEACH GARDENS, FL 33410

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

FILE NO W!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
THOMAS J. STERLING  
8471 WHISPERING OAKS  
WPB, FL 33411

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MICHAEL B. WOOD  
1199 CHERLYNN TERRACE  
WPB, FL 33406

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
DAVID P. MATTSO  
8672 DOVERBROOK DRIVE  
PBG, FL 33410

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition  
500004325825-5  
-05/29/01-01125-013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition

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: DAVID P. MATTSO 4-30-01 561-845-2440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0013609 AF

CR2E083 (11/00)