


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000014162 1. Entity Name T.D.M., L.L.C.	
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Principal Place of Business 1199 OLD DIXIE HWY RIVIERA BEACH, FL 33404	Mailing Address 1199 OLD DIXIE HWY RIVIERA BEACH, FL 33404
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01072004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1061627	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 SINGER, MICHAEL S ESQ 3801 PGA BOULEVARD, SUITE 802 PALM BEACH GARDENS, FL 33410

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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM STERLING, THOMAS J 8471 WHISPERING OAKS WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM WOOD, MICHAEL B 1199 CHERLYNN TERRACE WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM MATTSON, DAVID P 8672 DOVERBROOK DRIVE PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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02/06/04-80022-024 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. Mattson Sec-Treas. 2-3-04 561-845-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #