FILED
Jun 04, 2003 8:00 am
Secretary of State
05-05-2003 90690 015 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015963

1. Entity Name
TM GROUP, LLC

44003294

Principal Place of Business
4807 BAYSHORE BLVD
#2F
TAMPA, FL 33611

Mailing Address
4807 BAYSHORE BLVD
#2F
TAMPA, FL 33611

2. Principal Place of Business		3. Mailing Address	
806 W DE LEON STREET		806 W, DE LEON STREET	
Suite, Apt. #, etc. SUITE C		Suite, Apt. #, etc. SUITE C	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33606	Country HILLSBOROUGH	Zip 33606	Country HILLSBOROUGH

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2285762 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MANNERS, RICHARD E
4807 BAYSHORE BLVD, #2F
TAMPA, FL 33611

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
806 W. DE LEON STREET SUITE C

City TAMPA FL Zip Code 33606

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MANNERS, RICHARD E 4807 BAYSHORE BLVD, #2F TAMPA, FL 33611	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MANAGER GREEN MOUNTAIN BUSINESSES, INC 806 W. DE LEON STREET SUITE C TAMPA, FL 33606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BORTS, HAROLD 4463 MONTROSE AVENUE MONTREAL, CANADA, h3b 244	☒ 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
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

CR2E083 (10/02)

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: [signature] 4/30/03 813-258-8566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #