

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017993

Entity Name: TMOP LLC

FILED  
Jun 28, 2005  
Secretary of State

**Current Principal Place of Business:**

6020 INDIANA AVE.  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

7491 W. OAKLAND PARK BLVD  
SUITE 100  
LAUDERHILL, FL 33319

**New Mailing Address:**

1580 E. 19TH STREET  
#2H  
BROOKLYN, NY 11230

FEI Number: 65-1146786      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SCHEINER, ELIEZER  
7491 W. OAKLAND PARK BLVD.  
SUITE 100  
LAUDERHILL, FL 33319 US

**Name and Address of New Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

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: LISA REEVES

06/28/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHEINER, ELIEZER  
Address: 7491 W. OAKLAND PARK BLVD. SUITE 100  
City-St-Zip: LAUDERHILL, FL 33319

**ADDITIONS/CHANGES:**

Title: MBR (X) Change ( ) Addition  
Name: SCHEINER, ELIEZER  
Address: 1580 EAST 19TH STREET, #2H  
City-St-Zip: BROOKLYN, NY 11230

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELIEZER SCHEINER

MBR

06/28/2005

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