



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90285 034 ****50.00

DOCUMENT # L01000018668 1. Entity Name TJM, LLC					
Principal Place of Business 225 3RD STREET NORTH ST. PETERSBURG, FL 33701			Mailing Address 225 3RD STREET NORTH ST. PETERSBURG, FL 33701		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 82-0564126	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CASTELLANO, NELSON T 101 EAST KENNEDY BLVD. SUITE 2700 TAMPA, FL 33601				7. Name and Address of New Registered Agent Name <u>Tenence J. McCarthy</u> Street Address (P.O. Box Number is Not Acceptable) <u>225 3rd ST. NORTH</u> City <u>ST. PETERSBURG</u> <u>FL</u> Zip Code <u>33701</u>	
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, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCARTNY, TENESSEE J 225 3 rd ST N SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Tenence J. McCarthy 225 3rd ST. N ST. PETERSBURG FL 33701
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		2-22-06		727-822-9102	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

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