2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000022264

1. Entity Name
TMF, L.L.C.

Principal Place of Business	Mailing Address
360 CENTRAL AVENUE #1560 ST PETERSBURG, FL 33701	P.O. BOX 554 NORTHVILLE, MI 48167

DO NOT WRITE IN THIS SPACE

04032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
60-0000458

☐ Applied For
☐ Not Applicable

6. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

5. Name and Address of Current Registered Agent

DELANO, G. KRISTIN
BIBER, O'TOOLE, DELANO & FOWLER PL
360 CENTRAL AVENUE, SUITE 1560
ST PETERSBURG, FL 33701

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MANNING, THOMAS J SR.
STREET ADDRESS	P.O. BOX 554
CITY-ST-ZIP	NORTHVILLE, MI 48167
TITLE	MGR
NAME	MANNING, TERRANCE J
STREET ADDRESS	P.O. BOX 554
CITY-ST-ZIP	NORTHVILLE, MI 48167
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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04/24/08-80069-001 138.75

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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: Terrance Manning 4/9/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #