

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004275

FILED  
Apr 23, 2004  
Secretary of State

**Entity Name:** MORELLI-TMC REAL ESTATE DEVELOPMENT, L.L.C.

**Current Principal Place of Business:**

12157 W. LINEBAUGH AVE., STE. #240  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

12157 W. LINEBAUGH AVE., STE. #240  
TAMPA, FL 33626

**New Mailing Address:**

**FEI Number:** 27-0025147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORELLI, PATRICK  
16005 PRESTON TRAILWAY  
ODESS, FL 33556 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: CEOP ( ) Delete  
Name: MORELLI, PATRICK  
Address: 18005 PRESTON TRAILWAY  
City-St-Zip: ODESSA, FL 33556

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MORELLI, PATRICK  
Address: 18005 PRESTON TRAILWAY  
City-St-Zip: ODESSA, FL 33556

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: PATRICK MORELLI

MGRM

04/23/2004

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