

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000005222**

1. Entity Name  
TCM DUDA, LLC



Principal Place of Business  
1975 WEST STATE ROAD 426  
OVIEDO, FL 32765

Mailing Address  
P.O. BOX 620257  
OVIEDO, FL 32762-0257



03192004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0632069

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DUDA CHAPMAN, TRACY  
1975 WEST STATE ROAD 426  
OVIEDO, FL 32765

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000105355  
04/07/04-80022-014 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	DUDA, THOMAS D
STREET ADDRESS	1975 WEST STATE ROAD 426
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	MGR
NAME	BASETTI, MARK
STREET ADDRESS	1975 WEST STATE ROAD 426
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	MGR
NAME	TERESA, EMILIO
STREET ADDRESS	SHEERNESS PRODUCE TERMINAL, SPADE LANE
CITY-ST-ZIP	SITTINGBOURNE KENT NE9 7TT U,
TITLE	MGR
NAME	HART, GREG
STREET ADDRESS	MILL HOUSE RIVER WAY
CITY-ST-ZIP	HARLOW CM20 2DW UK,
TITLE	MGRM
NAME	A. DUDA & SONS, INC.
STREET ADDRESS	1975 W STATE RD 426
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/1/04

Date

(407) 365-2111

Daytime Phone #