

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**


FILED
Mar 24, 2003 8:00 am
Secretary of State

2/2

02-27-2003 90005 043 ***150.00

DOCUMENT # L02000013473


1. Entity Name
TMC INVESTMENTS, L.L.C.



Principal Place of Business Mailing Address
1991 MOHICAN TRAIL **1991 MOHICAN TRAIL**
MAITLAND FL 32751 **MAITLAND FL 32751**

2. Principal Place of Business 3. Mailing Address
Suite 7 **P. O. Box 30**
Suite, Apt. #, etc. Suite, Apt. #, etc.
180 South Knowles Ave

City & State City & State
Winter Park FL **Winter Park FL**
Zip Country Zip Country
32789 **USA** **32789** **USA**



CHECK HERE IF MAKING CHANGES

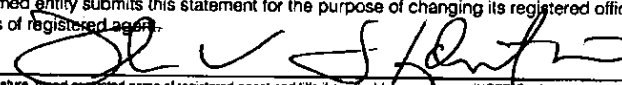
4. FEI Number Applied For
04-3688121 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
TRAVISS, MICHAEL L
1991 MOHICAN TRAIL
MAITLAND FL 32751

7. Name and Address of New Registered Agent
Name: **Thomas V. Infantino**
Street Address (P.O. Box Number is Not Acceptable):
Suite 7, 180 So. Knowles Ave
City: **Winter Park** FL Zip Code: **32789**

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: **2/21/03**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael L. Traviss <input type="checkbox"/> Delete Suite 313, PMB 243 Winter Park FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tamara J. Traviss <input type="checkbox"/> Delete Suite 313, PMB 243 Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Chief Executive Manager
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Chief Executive Manager
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:  Date: **2-21-03** Daytime Phone #: **407-489-7065**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)