


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000014053	
1. Entity Name TMB HOLDINGS, LLC	

Principal Place of Business 635 WEST PALM VALLEY DR. OVIEDO, FL 32765 US	Mailing Address 450 ALAFAYA TRAIL SUITE 212-126 OVIEDO, FL 32765 US
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01202004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1645492	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BARRETT, JOHN C 635 WEST PALM VALLEY DR. OVIEDO, FL 32765
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**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  John C. Barrett CEO 1/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BARRETT, JOHN C 635 W PALM VALLEY DR OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BARRETT, TONI M 635 W PALM VALLEY DR OVIEDO, FL 32765
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01/26/04-80025-009 50.00

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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:  John C. Barrett, CEO 1/20/04 407-359-9539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #