2004 LIMITED LIABILITY COMPANY

Aug 03, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L02000015081 08-03-2004 90105 032 ****50.00 1. Entity Name TMG, LLC Principal Place of Business Mailing Address 317 WEST CENTRAL AVENUE 317 WEST CENTRAL AVENUE WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 07272004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3699675 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCIFO, MARIO DO NOT WRITE 6751 SPINNER DR. LAKE WALES, FL 33898 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 8, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE SCIFO, MARIO NAME 6751 SPINNER DR STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 TITLE arvani International NAME STREET ADDRESS HOLDIOGS INC. CITY-ST-ZIP PO BOX 667 TITLE NAME STREET ADDRESS DO NOT WRITE HAINES CITY FC. CITY-ST-ZIP TITLE IN THIS SPACE 33 KAS

11. I hereby certify that the information supplied with this filling 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.

MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME -STREET ADDRESS CITY-ST-ZIP

FILED