
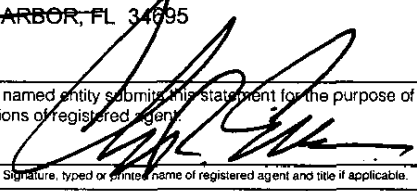
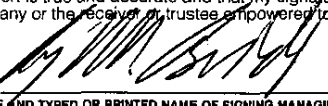


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90029 045 ****55.00

DOCUMENT # L02000022425																															
1. Entity Name TDSM LLC																															
Principal Place of Business 101 PHILIPPE PARKWAY SUITE 300 SAFETY HARBOR, FL 34695 US		Mailing Address 101 PHILIPPE PARKWAY SUITE 300 SAFETY HARBOR, FL 34695 US																													
2. Principal Place of Business 311 N Bayshore Dr. Suite, Apt. #, etc.		3. Mailing Address 311 N Bayshore Dr. Suite, Apt. #, etc.																													
City & State Safety Harbor, FL		City & State Safety Harbor, FL																													
Zip 34695		Country US																													
4. FEI Number 55-0802042		Applied For Not Applicable																													
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required																															
6. Name and Address of Current Registered Agent BIDDINGER, CLAY M 101 PHILIPPE PARKWAY SUITE 300 SAFETY HARBOR, FL 34695		7. Name and Address of New Registered Agent Name: Florida Corporate Counsel, LLC Street Address (P.O. Box Number is Not Acceptable): 101 Philippe Pkwy, Suite 301 City: Safety Harbor FL Zip Code: 34695																													
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:  President/Mgr 1/9/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
Filing Fee is \$50.00 + \$5 = \$55.00 Due by May 1, 2004		Make check payable to Florida Department of State																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;">MGR BIDDINGER, CLAY M 101 PHILIPPE PARKWAY SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete</td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIDDINGER, CLAY M 101 PHILIPPE PARKWAY SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete													10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;">MGR Biddinger, clay m 311 N Bayshore Drive safety Harbor, FL 34695 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Biddinger, clay m 311 N Bayshore Drive safety Harbor, FL 34695 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: 		Mgr 1/9/04 (721) 216-4000																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>																													