

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000022425

1. Entity Name

TDSM LLC



FILED

06 APR 28 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

311 N BAYSHORE DR
SAFETY HARBOR FL 34695
US

Mailing Address

311 N BAYSHORE DR
SAFETY HARBOR FL 34695
US

2. Principal Place of Business

1973 N. NELLS #443

Suite, Apt. #, etc.

3. Mailing Address

2841 COBBLESTONE DRIVE

Suite, Apt. #, etc.

City & State

LAS VEGAS, NV

Zip 89115

Country USA

City & State

Palm Harbor, FL

Zip 34684

Country USA

4. FEI Number

55-0802042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

FLORIDA CORPORATE COUNSEL, LLC
101 PHILIPPE PARKWAY
SUITE 301
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)
601 CLEVELAND ST., SUITE 501-25
City CLEARWATER FL Zip Code 33755

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 re-registering)

DATE

Address change only!

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRP
NAME BIDDINGER, CLAY M
STREET ADDRESS 311 N BAYSHORE DRIVE
CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRP
NAME BIDDINGER, CLAY M.
STREET ADDRESS 2841 COBBLESTONE DRIVE
CITY-ST-ZIP PALM HARBOR, FL 34684 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Clay M. Biddinger

3/17/06

813-313-5400