


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000015029		
1. Entity Name TPM ENTERPRISES, LLC		
Principal Place of Business 5005 CALLE DE SOL ORLANDO, FL 32819	Mailing Address 5005 CALLE DE SOL ORLANDO, FL 32819	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MAY, TIMOTHY P 5005 CALLE DE SOL ORLANDO, FL 32819		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MAY, TIMOTHY P 5005 CALLE DE SOL ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Timothy P. May</u> <u>Timothy P. May</u>		3-14-06 (407) 929-9267
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



03142006No Chg-LLC CR2E083 (11/05)

4. FEI Number 11-3686344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

U00000471570
03/23/06-80002-003 50.00

**DO NOT WRITE
IN THIS SPACE**