

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019374

**FILED**  
**Sep 08, 2004**  
**Secretary of State**

**Entity Name:** TMMC, LLC

**Current Principal Place of Business:**

3812 EAST COLONIAL DRIVE  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

3812 EAST COLONIAL DRIVE  
ORLANDO, FL 32803 US

**New Mailing Address:**

**FEI Number:** 11-3692491

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MCDONALD BURKE, ANGELA  
Address: 4410 19TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33714 US

Title: MGRM ( ) Delete  
Name: ROGERS, PAMELA J  
Address: 7401 10TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33702 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PAMELA JILL ROGERS

MGRM

09/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date