2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 05, 2004 8:00 am
Secretary of State

02-23-2004 90344 040 ****50.00

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DOCUMENT # L03000021258

1. Entity Name
TOMIG INVESTMENTS, LLC

Principal Place of Business	Mailing Address
2673 STARWOOD COURT WEST PALM BEACH, FL 33406	2673 STARWOOD COURT WEST PALM BEACH, FL 33406

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01272004 Chg-LLC CR2E083 (10/03)

4. FEI Number 200105296 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE MENDOZA, MARIO G III MARIO G. DE MENDOZA, III, P.A. 12765 FOREST HILL BOULEVARD STE. 1302 WELLINGTON, FL 33414	Name: Mario G. de Mendoza, III, P.A. Street Address (P.O. Box Number is Not Acceptable): 12765 Forest Hill Boulevard, Suite 1302 City: Wellington FL Zip Code: 33414

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: Mario G. de Mendoza, III — DATE: 2/6/04

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 May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CANDALES, ANTONIO D	NAME	
STREET ADDRESS	2673 STARWOOD COURT	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CANDALES, MIGDEMIA	NAME	
STREET ADDRESS	2673 STARWOOD COURT	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Migdemia Candales, Manager — Date: 2/6/04 — Daytime Phone #: (561) 784-2930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE