

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
May 23, 2007 08:00 A  
Secretary of State

DOCUMENT # L03000024467

1. Entity Name  
TMS PARTNERS, LLC



Principal Place of Business  
72 SOUTHEAST 6TH AVENUE  
TOWNHOUSE L  
DELRAY BEACH, FL 33483

Mailing Address  
72 SOUTHEAST 6TH AVENUE  
TOWNHOUSE L  
DELRAY BEACH, FL 33483



05192007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
21-0479389

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHEHAN, THERESE M  
72 SOUTHEAST 6TH AVENUE  
TOWNHOUSE L  
DELRAY BEACH, FL 33483

**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 *Therese M. Shehan*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/19/2007

DATE

Filing Fee is \$50.00  
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SHEHAN, THERESE M  
72 SOUTHEAST 6TH AVENUE, TOWNHOUSE L  
DELRAY BEACH, FL 33483

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

U000000765293  
05/31/07-80032-014 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

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

Date

Daytime Phone #

*Therese M. Shehan* THERESE M. SHEHAN 5/19/2007 561-243-2184