

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 18, 2004 8:00 am
Secretary of State

04-19-2004 90035 016 ****55.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000027261 1: Entity Name TBM MEMBER, LLC																																								
Principal Place of Business 200 S.W. 2ND STREET FT. LAUDERDALE FL 33301			Mailing Address 200 S.W. 2ND STREET FT. LAUDERDALE FL 33301																																					
2. Principal Place of Business			3. Mailing Address																																					
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																					
City & State			City & State																																					
Zip		Country	Zip		Country																																			
4. FEI Number 20 1000672				Applied For <input type="checkbox"/> Not Applicable																																				
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required																																				
6. Name and Address of Current Registered Agent PETRILLO, TIM 200 S.W. 2ND STREET FT. LAUDERDALE FL 33301			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																																					
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____																																								
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																								
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> Tim Petrillo / President c/o Tarpon Bend Food + Tackle 200 SW 2nd Street Ft Lauderdale, FL 33301 </td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tim Petrillo / President c/o Tarpon Bend Food + Tackle 200 SW 2nd Street Ft Lauderdale, FL 33301	<input type="checkbox"/> Delete																			10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: William Lopez 01/21/04 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																								