

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027313

FILED
Feb 12, 2006
Secretary of State

Entity Name: TFM CAPITAL, LLC

Current Principal Place of Business:

3814 W OBISPO ST
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

3814 W OBISPO ST
TAMPA, FL 33629 US

New Mailing Address:

FEI Number: 20-0109716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOAR, PETER J
3606 W. SAN JUAN ST.
TAMPA, FL 33629 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/MANAGERS:

Title: MGRM () Delete
Name: HOAR, PETER J
Address: 3814 W OBISPO ST
City-St-Zip: TAMPA, FL 33629 US

Title: MGR () Delete
Name: HOAR, FRANCIS H
Address: 506 S. WILLOW AVE. #13
City-St-Zip: TAMPA, FL 33606 US

Title: MGR () Delete
Name: ADKINS, STEVEN T
Address: 5001 DERRY WAY
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: HOAR, FRANCIS H
Address: 3814 W OBISPO ST
City-St-Zip: TAMPA, FL 33629 US

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 Chapter 119, 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: PETER J HOAR

MGRM

02/12/2006

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