


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90452 013 ****50.00

DOCUMENT # L03000037938					
1. Entity Name T & M PROPERTIES, LLC					
Principal Place of Business 9086 LONG LAKE PALM DR. BOCA RATON, FL 33496			Mailing Address 9086 LONG LAKE PALM DR. BOCA RATON, FL 33496		
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 20-0277239	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WOLFF, TODD M 9086 LONG LAKE PALM DR. BOCA RATON, FL 33496			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
Please See Attached.			Please See Attached.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/7/04 861-218-0422 <small>Date Daytime Phone #</small>		

Attachment 24049838
L03000037938

**EXHIBIT TO THE 2004 ANNUAL REPORT
FOR T&M PROPERTIES, LLC**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE Managing Member

Managing Member

NAME Todd M. Wolff and Michelle
H. Wolff, as Tenants by the
Entireties

Michelle H. Wolff

ADDRESS 9086 Long Palm Drive
CITY-ST-ZIP Boca Raton, FL 33496

9086 Long Palm Drive
Boca Raton, FL 33496