

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000038465

**FILED**  
**Jan 28, 2004**  
**Secretary of State**

**Entity Name:** TME RETAIL, LLC

**Current Principal Place of Business:**

114 WEST PARRISH STREET, FIFTH FLOOR  
DURHAM, NC 27701

**New Principal Place of Business:**

2295 HIAWASEE RD.  
VERANDA PARK BLDG. 100, STE 307  
ORLANDO, FL 32835 US

**Current Mailing Address:**

114 WEST PARRISH STREET, FIFTH FLOOR  
DURHAM, NC 27701

**New Mailing Address:**

PO BOX 51429  
DURHAM, NC 27717 US

**FEI Number:** 65-1206976

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACKINNON, ALEXANDER C  
255 SOUTH ORANGE AVENUE, SUITE 800  
ORLANDO, FL 32801 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: TME REAL ESTATE, LLC,  
Address: 114 WEST PARRISH STREET, FIFTH FLOOR  
City-St-Zip: DURHAM, NC 27701

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TME REAL ESTATE, LLC,  
Address: 2295 HIAWASEE RD, VERANDA PARK 100,STE 307  
City-St-Zip: ORLANOD, FL 32835 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GUSTAVUS BASS

MGR

01/28/2004

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