

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038465

Entity Name: TME RETAIL, LLC

FILED  
Jan 21, 2005  
Secretary of State

## Current Principal Place of Business:

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

## Current Mailing Address:

PO BOX 51429  
DURHAM, NC 27717 US

## New Principal Place of Business:

2327 ENGLERT DRIVE  
SUITE 102  
DURHAM, NC 27713 US

## New Mailing Address:

PO BOX 13667  
RESEARCH TRIANGLE PARK, NC 27709 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:

ROBINSON, IERRIS  
12628 ARLEY DRIVE  
ORLANDO, FL 34786 US

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: IERRIS ROBINSON

01/21/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

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

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: TME REAL ESTATE, LLC,  
Address: 2327 ENGLERT DRIVE, SUITE 102  
City-St-Zip: DURHAM, NC 27713 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

01/21/2005

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