2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000045509

1. Entity Name TCME, L.L.C.



US

Principal Place of Business

C/O JOHN A. MORAN 1990 MAIN ST, STE 700 SARASOTA, FL 34236 Mailing Address

C/O JOHN A. MORAN P.O. BOX 3948 SARASOTA, FL 34230

FILED May 26, 2006 8:00 am Secretary of State

05-26-2006 90127 018 ****50.00

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04052006 No Chg-LLC

CR2E083 (11/05)

941-366-0115

| 4. FEI Number 54-2134320         | Applied For Not Applicable        |
|----------------------------------|-----------------------------------|
| 5. Certificate of Status Desired | \$5.00 Additional<br>Fee Required |

6. Name and Address of Current Registered Agent

MORAN, JOHN A ESQ C/O DUNLAP & MORAN, P.A. 1990 MAIN STREET, STE 700 SARASOTA, FL 34236

SIGNATURE:

SIGNATURE AND TYPED

 $m{J}$ ohn A. Moran

# DO NOT WRITE IN THIS SPACE

| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                               |                                                              |           |  |
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| SIGNATURE_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE      |  |
| Filing Fee is \$50.00<br>Due by May 1, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                              |           |  |
| 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MANAGING MEMBERS/MANAGERS                                                     |                                                              |           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RA<br>MORAN, JOHN A<br>P.O. BOX 3948<br>SARASOTA, FL 34230                    |                                                              |           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                                              |           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               | DO                                                           | NOT WRITE |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               | IN T                                                         | HIS SPACE |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                                              |           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                                              |           |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 reference of the referen |                                                                               |                                                              |           |  |

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## ATTACHMENT

#### Law Offices of

### DUNLAP & MORAN, P.A.

Suite 700 1990 Main Street Sarasota, Florida 34236

Post Office Box 3948 Sarasota, Florida 34230-3948

Telephone 941·366·0115 Facsimile 941·365·4660

May 15, 2006

- \* FLORIDA BAR BOARD CERTIFIED-REAL ESTATE
- ^ ALSO LICENSED IN KENTUCKY
- \*\* ALSO LICENSED IN TEXAS
- OF COUNSEL
  ALSO LICENSED IN CONNECTICUT
- 11 ALSO LICENSED IN NEW YORK
- † FLORIDA BAR BOARD CERTIFIED— WILLS, TRUSTS & ESTATES ALSO LICENSED IN COLORADO AND MICHIGAN
- 4 OF COUNSEL
- \* ALSO LICENSED IN PENNSYLVANIA
- †† Also Licensed in Michigan

6617~2

Division of Corporations Post Office Box 6478 Tallahassee, FL 32314

Re: TCME, LLC

Dear Sir/Madam:

JUDSON H. BAILEY

JOHN E. BROWN\* ^

SCOTT H. CARTER\*\*

SCOTT W. DUNLAP\*

GARY KAUFFMAN<sup>99</sup>

THOMAS B. LUZIER

JOHN A. MORAN

RUTH E. McMahon<sup>†</sup> David M. Mitchell<sup>§</sup>

REBECCA J. PROCTOR

Burton M. Romanoff\*
Johnson S. Savary, Jr. \*†

RYAN A. FEATHERSTONE

RALPH L. FRIEDLAND<sup>¶</sup>

Enclosed herewith for filing is the 2006 Limited Liability Annual Report, in connection with the above-referenced limited liability company.

Also, enclosed please find a check in the amount of \$50.00, representing payment of your filing fee.

If you have any questions with regard to this letter and/or the enclosure, please do not hesitate to contact me.

Very truly yours,

DUNLAP & MORAN, P.A.

Ryan/A. Featherstone, Esq.

RAF:6617-2/Ltr - Div of Corp - An Rpt filing Enclosures

SARASOTA FORT MYERS