

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045509

FILED  
Aug 26, 2009  
Secretary of State

Entity Name: TCME, L.L.C.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 54-2134320      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

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

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: RA ( ) Delete  
Name: MORAN, JOHN A  
Address: P.O. BOX 3948  
City-St-Zip: SARASOTA, FL 34230

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: KURT STOCKAMP

MGRM

08/26/2009

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