


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90017 024 \*\*\*\*50.00

DOCUMENT # L04000015654					
1. Entity Name TMR-A, LLC					
Principal Place of Business 333 TRESSLER DRIVE, SUITE B STUART, FL 34994			Mailing Address 333 TRESSLER DRIVE, SUITE B STUART, FL 34994		
2. Principal Place of Business		3. Mailing Address P.O. Box 1407			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Stuart, FL 349			
Zip	Country	Zip	Country	4. FEI Number <span style="float: right;"><input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable</span>	
34995-1407				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JEFFRIES, DAVID M 101 EAST KENNEDY BLVD., SUITE 3000 TAMPA, FL 33602			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Todd A. Resnick 333 Tressler Dr, Ste B Stuart, FL 34994	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
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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**20047628**



01252005 Chg-LLC CR2E083 (10/03)

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:** Todd A. Resnick  15 APR 2005 772-781-7723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #