2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000015654

1. Entity Name TMR-A, LLC



FILED Mar 06, 2006 08:00 AM Secretary of State

Principal Place of Business
333 TRESSLER DRIVE, SUITE B
STUART, FL 34994

Mailing Address PO BOX 1407

- STUART, FL 34995-1407



02202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

JEFFRIES, DAVID M 101 EAST KENNEDY BLVD., SUITE 3000 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

		{		
	named entity submits this statement for the purpose of chan- ions of registered agent.	iging its registered office or r	egistered agent, or both, in the	State of Florida. I am familiar with, and according
SIGNATURE_			<u> </u>	
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature	required when reinstaling)	OATE
FI	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
NAME STREET ADDRESS CITY-ST-ZIP	MGR RESNICK, TODD A 333 TRESSLER DR, STE B STUART, FL 34994			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			UC 03/18	10000457006 1786 88852-887 50.88
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THI	S SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions obstained in Chapter 119, Fiorida 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 this limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CIPY-ST-ZIP

Todd Resnick 3/2/06(712)781-772