


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90067 012 ***138.75

DOCUMENT # L04000017428	
1. Entity Name TMR-B, LLC	

Principal Place of Business 850 NW FEDERAL HIGHWAY SUITE 121 STUART, FL 34994	Mailing Address PO BOX 1407 STUART, FL 34995
-------------------------------------------------------------------------------------------------	------------------------------------------------------------

2. Principal Place of Business - No P.O. Box # 421 SW California Ave.	3. Mailing Address
---------------------------------------------------------------------------------	--------------------

Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc.
-----------------------------------------	---------------------

City & State Stuart, FL	City & State
-----------------------------------	--------------

Zip 34994	Country US	Zip	Country
---------------------	----------------------	-----	---------



01182008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
----------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent JEFFRIES, DAVID M 101 E KENNEDY BLVD, STE 3000 TAMPA, FL 33602	7. Name and Address of New Registered Agent Name Jeffries, David M. Street Address (P.O. Box Number is Not Acceptable) c/o Fee & Jeffries, P.A. 1227 N. Franklin Street City Tampa FL Zip Code 33602
----------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

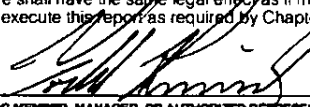
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1-24-08**

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
-------------------------------------------------------------------------------	--------------------------------------------------------------

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RESNICK, TODD A		NAME Resnick, Todd A	
STREET ADDRESS 850 NW FEDERAL HIGHWAY, STE 121		STREET ADDRESS 421 SW California Ave., Ste 101	
CITY-ST-ZIP STUART, FL 34994		CITY-ST-ZIP Stuart, FL 34994	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Todd A. Resnick, Mgr.**  **01/22/2008** **(772) 221-4624**

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

Date

Daytime Phone #