
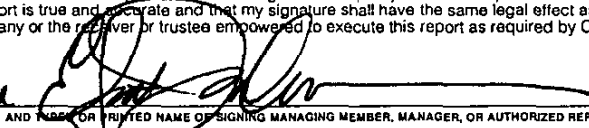


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90056 022 \*\*\*\*50.00

<b>DOCUMENT # L04000020292</b> 1. Entity Name <b>TINOMICS, LLC</b>																													
Principal Place of Business <b>3661 WILD PINES DRIVE UNIT 204A BONITA SPRINGS, FL 34134 US</b>			Mailing Address <b>3661 WILD PINES DRIVE UNIT 204A BONITA SPRINGS, FL 34134 US</b>																										
2. Principal Place of Business <b>#1 Tom Rab Lane, SW</b>		3. Mailing Address <b>#1 Tom Rab Lane, SW</b>																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State <b>Ft. Myers, FL</b>		City & State <b>Ft. Myers, FL</b>		4. FEI Number <b>20-0896053</b>																									
Zip <b>33907</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>JACKSON, SCOTT 3661 WILD PINES DRIVE UNIT 204A BONITA SPRINGS, FL 34134</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JACKSON, SCOTT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3661 WILD PINES DRIVE, UNIT 204 A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BONITA SPRINGS, FL 34134</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	JACKSON, SCOTT		STREET ADDRESS	3661 WILD PINES DRIVE, UNIT 204 A		CITY-ST-ZIP	BONITA SPRINGS, FL 34134		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																													
<b>SIGNATURE: </b> <small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<b>7-19-05 239-425-0715</b> <small>Date Daytime Phone #</small>																									