


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 10, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000045042</b> 1. Entity Name T.L.M BUILDERS & DESIGN, LLC	
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Principal Place of Business 424 E. CENTRAL BLVD 343 ORLANDO, FL 32801 US	Mailing Address 424 E. CENTRAL BLVD 343 ORLANDO, FL 32801 US
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04252007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1250377

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MANGIARDI, TINA  
424 E. CENTRAL BLVD  
343  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

U000000764725  
05/31/07-80009-001 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANGIARDI, TINA 424 E. CENTRAL BLVD , # 343 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHANJAHANBAKSH, AHMED R 424 E. CENTRAL BLVD #343 ORLANDO, FL 32801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000764725  
05/31/07-80009-002 5.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

Date

Daytime Phone #