

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

01-31-2005 90202 046 ****50.00

DOCUMENT # L04000058368			
1. Entity Name TMEF, LLC			
Principal Place of Business 3310 WEST MORRISON AVENUE TAMPA, FL 33629		Mailing Address 3310 WEST MORRISON AVENUE TAMPA, FL 33629	
2. Principal Place of Business 2727 W MLK Blvd Suite, Apt. #, etc. Suite 520 City & State Tampa FL Zip 33607 Country USA		3. Mailing Address 2727 W MLK Blvd Suite, Apt. #, etc. Suite 520 City & State Tampa FL Zip 33607 Country USA	
4. FEI Number 20-1464107		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWNLEE, HUNTER J FOWLER WHITE BOGGS BANKER P.A. 501 E. KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602		7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Jay B. Farnior 2727 W MLK Blvd Suite Tampa FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: 1/5/05 879-0810	