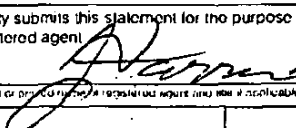
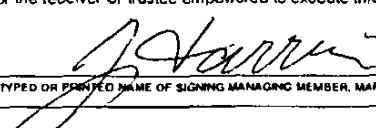


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

02-22-2007 90278 011 ***150.00

DOCUMENT # L04000058368			
1. Entity Name TMEF, LLC			
Principal Place of Business 2727 WEST MARTIN LUTHER KING BOULEVAR SUITE 520 TAMPA FL 33607 US		Mailing Address 2727 WEST MARTIN LUTHER KING BOULEVAR SUITE 520 TAMPA FL 33607 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 		DATE 2/12/07	
SIGNATURE, typed or printed name of registered agent and new if applicable		(NOTE: Registered Agent's signature required when not applying)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST / ZIP ☐ Delete	MGRM FARRIOZ, JOY B 2727 WEST MLK BOULEVARD SUITE 520 TAMPA FL 33607	TITLE NAME STREET ADDRESS CITY ST / ZIP ☒ Change ☐ Addition	FARRIOR, Jay B.
TITLE NAME STREET ADDRESS CITY ST / ZIP ☐ 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	
TITLE NAME STREET ADDRESS CITY ST / ZIP ☐ 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	
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 exemptions contained in Section 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: 		Date 3/19/07 (813) Daytime Phone # 875-5810	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	