


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 07, 2007 8:00 am**  
**Secretary of State**

08-07-2007 90009 012 \*\*\*\*50.00

|                                    |   |
|------------------------------------|---|
| DOCUMENT # L04000063667            |  |
| 1. Entity Name<br>TM HOMES, L.L.C. |   |

|   |   |
|---|---|
| Principal Place of Business<br>1112 WOOD DUCK HOLLOW<br>JACKSONVILLE FL 32259 | Mailing Address<br>1112 WOOD DUCK HOLLOW<br>JACKSONVILLE FL 32259 |
|---|---|



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>130 CUELLO COURT</b> | 3. Mailing Address<br><b>130 CUELLO COURT</b> |
| Suite, Apt. #, etc.<br><b>UNIT 201</b>                                    | Suite, Apt. #, etc.<br><b>UNIT 201</b>        |
| City & State<br><b>PONTE VEDRA BEACH FL</b>                               | City & State<br><b>PONTE VEDRA BEACH FL</b>   |
| Zip<br><b>32082</b>   | Country<br><b>USA</b>                         |

2nd MOORE CR2E083 (4/07)

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| 6. Name and Address of Current Registered Agent<br><br><b>STEWART, MICHELE M</b><br><b>1112 WOOD DUCK HOLLOW</b><br><b>JACKSONVILLE FL 32259</b> |  |
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| 7. Name and Address of New Registered Agent<br>Name <b>MICHELE M STEWART</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>130 CUELLO COURT</b><br><b>UNIT 201</b><br>City <b>PONTE VEDRA BEACH FL</b> Zip Code <b>32082</b> |  |
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| 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.<br>SIGNATURE <u><i>Michele M Stewart</i></u> (NOTE: Registered Agent signature required when filing this statement) <u>1 August 2007</u> DATE |  |
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| <p><b>FILE NOW!!! FEE IS \$50.00</b><br/><b>Make Check Payable to Florida Department of State</b><br/><b>Due By September 5, 2007</b></p> |  |
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| 9. MANAGING MEMBERS/MANAGERS                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>STEWART, MICHELE M<br>1112 WOOD DUCK HOLLOW<br>JACKSONVILLE FL 32259 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |

| 10. ADDITIONS/CHANGES                              |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PRESIDENT<br>STEWART, MICHELE M<br>130 CUELLO COURT UNIT 201<br>PONTE VEDRA BEACH FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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| 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: <u><i>Michele M Stewart</i></u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  | <u>1 August 2007</u> DATE<br><u>707-5225</u> Daytime Phone # |