


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90102 050 ****50.00

| | |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L04000068834 1. Entity Name TOME PROPERTIES, LLC |  |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

| | |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business 7390 FAIRWAY TRAIL BOCA RATON, FL 33487 US | Mailing Address 7390 FAIRWAY TRAIL BOCA RATON, FL 33487 US |
|------------------------------------------------------------------------------|------------------------------------------------------------------|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



02112005 Chg-LLC CR2E083 (10/03)

| | |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number 20-1653643 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

| | |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| BROWN, ELIZABETH M 3094 JOG ROAD GREENACRES, FL 33467 | 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|-------------------------------------------------|--|----------------------------------------------------------|
| 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 | MGRM TOME, WILLIAM <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | TOME, WILLIAM | NAME | |
| STREET ADDRESS | 7390 FAIRWAY TRAIL | STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON, FL 33487 | CITY-ST-ZIP | |
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | TOME, LINDA P | NAME | LINDA P. MASTRO-TOME |
| STREET ADDRESS | 7390 FAIRWAY TRAIL | STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON, FL 33487 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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.

SIGNATURE: Linda Mastro-Tome LINDA P. MASTRO-TOME 2/13/05 561-241-0156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #