2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 08, 2006 8:00 am Secretary of State

DOCUMENT # L0400068834 1. Entity Name TOME PROPERTIES, LLC						03-08-2006 9	90039 042 ***	*50.00
Principal Place of Business		Mailing Address			7			-
7390 FAIRW	AY TRAIL	7390 FAIRWAY TRAIL			1			
BOCA RATON	I, FL 33487 US	BOCA RATON, FL 33487 US						
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2. Principal P	lace of Business	3. Mailing Address				[
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		03022006	Chg-LLC	CR2E083 (11/0	05)	
City & State		City & State			1		· · · · · · · · · · · · · · · · · · ·	1
Oily & State		City & State		4. FEI Numbe 20-165			Applied For Not Applicable	
Zip Country		Zin	Zip Country		20-100.	043	* F 00	1
2.5				,	5. Certificate	of Status Desired	Fee Req	Additional
	6. Name and Address of Currer	nt Registered Agent		<u></u>	7. Name and	Address of New R		
		<u> </u>		Name			•	
BROWN ELIZABETH M					P MASTRO-TOME			
3094 JOG			Street Addres		(P.O. Box Number is Not Acceptable) FRIRWAY TRAIL			
GREENAC	RES, FL 33467			7 5 18	1 HIRCOG	HALL		
	₹¥							i
				City	7.0	•	FL Zip	Code
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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.								
Will D. M. L.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Filling Fee is \$50.00 Make check payable to								
ں *	ue by May 1, 2006					Florida	Department of S	tate
9.	MANAGING MEM	EERS/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE	MGRM ,	Detete	TITE			ADDITIONS	CHANGES Chan	ge 🔲 Addition
NAME	TOME, WILLIAM	r Delete	NAM	!			[C+an	ge Addition
STREET ADDRESS	7390 FAIRWAY TRAIL			ET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY	-ST-ZIP				
TITLE	MGRM	☐ Delete	TITL	F			☐ Chan	ge 🔲 Addition
NAME	MASTRO-TOMÉ, LINDA P	Ocide	NAM					ge
STREET ADDRESS	7390 FAIRWAY TRAIL			ET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY	-ST-ZIP				
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STREET ADDRESS				ET ADDRESS				{
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STREET ADDRESS			STRE	ET ADORESS				Ì
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE		☐ Delete	TITL	E			☐ Chan	ge 🔲 Addition
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STREET ADORESS			STRE	EET ADORESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE		☐ Detete	TITU	E			☐ Chan	ge 🔲 Addition
NAME			NAM	ie			_	4
STREET ADDRESS			STRE	EET ADDRESS .				
CITY-ST-ZIP			CITY	-ST-ZIP				
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.								
January New Mash								
SIGNATURE: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
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