


**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90131 017 \*\*\*\*50.00  
 04-07-2008 90234 002 \*\*\*\*88.75

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**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
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**60020532**



02192008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1653643	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MASTRO-TAME, LINDA P  
 7390 FAIRWAY TRAIL  
 BOCA RATON, FL 33487

**DO NOT WRITE  
 IN THIS SPACE**

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 use if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOME, WILLIAM 7390 FAIRWAY TRAIL BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASTRO-TOME, LINDA P 7390 FAIRWAY TRAIL BOCA RATON, FL 33487
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**DO NOT WRITE  
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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: Linda Tome Date: 2/26/08 Daytime Phone #: 561-504-6510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE