

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068834

FILED  
May 14, 2009  
Secretary of State

Entity Name: TOME PROPERTIES, LLC

**Current Principal Place of Business:**

7390 FAIRWAY TRAIL  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

7390 FAIRWAY TRAIL  
BOCA RATON, FL 33487 US

**New Mailing Address:**

FEI Number: 20-1653643      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

TOME, LINDA  
7390 FAIRWAY TRAIL  
BOCA RATON, FL 33487 US

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.

SIGNATURE: LINDA TOME

05/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TOME, WILLIAM  
Address: 7390 FAIRWAY TRAIL  
City-St-Zip: BOCA RATON, FL 33487 US

Title: MGRM ( ) Delete  
Name: MASTRO-TOMÉ, LINDA P  
Address: 7390 FAIRWAY TRAIL  
City-St-Zip: BOCA RATON, FL 33487 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip: US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip: US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MMBR

05/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date