

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 10 AM 9:43

DOCUMENT # L04000081303 1. Entity Name TMF HOLDINGS, LLC			
Principal Place of Business 80 S.W. 8 STREET, STE. 2045 MIAMI, FL 33130		Mailing Address 80 S.W. 8 STREET, STE. 2045 MIAMI, FL 33130	
2. Principal Place of Business 801 Brickell Ave. Suite, Apt. #, etc. 1420		3. Mailing Address 801 Brickell Ave. Suite, Apt. #, etc. 1420	
City & State Miami, FL Zip 33131		City & State Miami, FL Zip 33131	
Country US		Country US	
4. FEI Number 20-1904106		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 PAIVA, LEONARDO 80 S.W. 8 STREET, STE. 2045 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 801 Brickell Ave., Suite 1420 City Miami FL Zip Code 33131	
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 3/7/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAIVA, LEONARDO 80 S.W. 8 STREET, STE. 2045 MIAMI, FL 33130	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		DATE 3/7/06	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Daytime Phone # 305-377-8220	