## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000092623

1. Entity Name 2PM, LLC

FILED
May 07, 2007 08:00 A
Secretary of State

Principal Place of Business 7567 PRESERVATION ROAD TALLAHASSEE, FL 32312 Mailing Address 2290 TENTH AVE NORTH SUITE 304

SUITE 304 LAKE WORTH, FL 33461



DO NOT WRITE IN THIS SPACE

05022007 No Chg-LLC

4. FEI Number
20-2107406

Applied For
Not Applicable

5. Certificate of Status Desired
Fee Required

CR2E083 (11/05)

6. Name and Address of Current Registered Agent

LINDSEY, WM. SCOTT 1407 PIEDMONT DRIVE EAST TALLAHASSEE, FL 31312

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

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_	Signature: typed or printed name of registered agent and title if applicable	(NQTE: Registered Agent signature required when reinstaling)	DATE
Filing Fee is \$50.00 Due by September 14, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM R.O.M. MANAGEMENT, INC. 7567 PRESERVATION ROAD TALLAHASSEE, FL 32312		U00000762294 05/29/07-80002-012 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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 accounts 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 truelee empowered to execut this report as required by Chapter 608, Florida Statutes.			

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