2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

Date

DOCUMENT # L05000003493 1. Entity Name TMS INVESTMENT, LLC						Secretary of State 02-25-2008 90136 034 ***143.75				
Principal Plac 2145 N STA MARGATE, F	TE RD 7	3	Mailing Address 2145 N STATE RD 7 MARGATE, FL 33063			 	8/ 78:3 8 4 88 78: 88	M ABEN TRIBA (I	RAL OLDIĞ HƏLDO JI	P ag a 212 18 1 1
2. Principal F	Place of Busin	ess - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02212008	Chg-LLC	CR2E0	83 (12/06)	
City & State			City & State			4. FEI Num 81-06	ber 62506			oplied For ot Applicable
Ζip		Country	Zip	Coun	itry	5. Certificat	te of Status Desired	W	\$5.00 Add Fee Require	ditional d
	6. Name	and Address of Current R	<u> </u>			7. Name an	d Address of New R	egistered /	Agent	
MUSALLAM, FOUAD H					Name					,
7220 PIMI	JIĆO LANE		Street Addres			P.O. Box Num	ber is Not Acceptable	B)	. =	
PARKLAN	D, FL 330	167								
	¥				City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Cod	θ
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										
FiLE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						,	1	e check p	ayable to ent of State	
9.	: j	MANAGING MEMBER	PS /MANAGEDS	1 40		· ()		(0) 141 (050		. 11
TITLE	MGR	WOUNDING MEMBER	Delete	10. TITU	F 1		ADDITIONS	CHANGES	Change	☐ Addition
NAME		M, FOUAD H		NAME						C) Addition
STREET ADDRESS 7220 PIMLICO LANE CITY-ST-ZIP PARKLAND, FL 33067				STREET ADDRESS CITY-ST-ZIP					1	1.42
	MGR	D. FL 33087		_			· ··	-		
TITLE Name		M, IZDEHAR	☐ Delete	☐ Delete ITTLE NAME					☐ Change	Addition
STREET ADDRESS	1	JCO LANE			ET ADDRESS					
CITY-ST-ZIP	PARKLAN	D, FL 33067	CITY-		-ST-ZIP					
TITLE Name	}		☐ Delete	TITLE					Change	☐ Addition
STREET ADDRESS				NAM: STRE	ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP				_	
TITLE			☐ Delete	TITLE					☐ Change	Addition
NAME Street Address				NAMI	E et address					
CITY-ST-ZIP					-ST-ZIP					
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NAME				NAME	- 1				_ •	_
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NAME:				NAME	ľ				☐ CHANGE	LI AUGIIIUII
STREET ADORESS City-St-ZDP	e" k		,		ET ADDRESS					., .
	portify that the	information numerical with a	hie filing does not availt.		ST-ZIP	- Out	· ·			
11. I hereby certify that the information supplied with this filling 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: 2-22-08 ((4) 96	9-716
JINA	VNE							\i -	~ (U	• •

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