

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004266

Entity Name: TMAC OF FLORIDA, LLC

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

2900 GLADES CIR. #400
WESTON, FL 33327 US

New Principal Place of Business:

2900 GLADES CIR. #350
WESTON, FL 33327 US

Current Mailing Address:

PO BOX 266222
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 20-2156843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORCHILLES, JORGE L
2900 GLADES CIR. #400
WESTON, FL 33327 US

Name and Address of New Registered Agent:

ORCHILLES, JORGE L
2900 GLADES CIR. #350
WESTON, FL 33327 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:

04/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ORCHILLES, GIGI I
Address: 2900 GLADES CIR. #400
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: ORCHILLES, JORGE L
Address: 2900 GLADES CIR. #400
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ORCHILLES, GIGI I
Address: 2900 GLADES CIR. #350
City-St-Zip: WESTON, FL 33327

Title: MGRM (X) Change () Addition
Name: ORCHILLES, JORGE L
Address: 2900 GLADES CIR. #350
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the 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: JORGE L ORCHILLES

MGRM

04/29/2006

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