
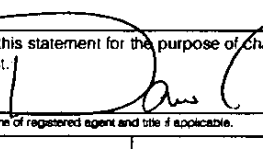
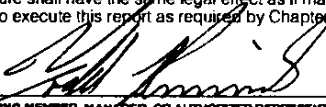


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90067 011 ***138.75

DOCUMENT # L05000008532					
1. Entity Name TMR-D, LLC					
Principal Place of Business 850 NW FEDERAL HIGHWAY SUITE 121 STUART, FL 34994			Mailing Address P.O. BOX 1407 STUART, FL 34995		
2. Principal Place of Business - No P.O. Box # 421 SW California Ave.		3. Mailing Address			
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc.			
City & State Stuart, FL		City & State			
Zip 34994		Country US		Zip	
Country US		Country			
6. Name and Address of Current Registered Agent JEFFREIS, DAVID M 101 EAST KENNEDY BLVD., SUITE 3000 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Jeffries, David M. Street Address (P.O. Box Number is Not Acceptable) c/o Fee & Jeffries, P.A. 1227 N. Franklin Street City Tampa FL Zip Code 33602		
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 1-24-08			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RESNICK, TODD A 850 NW FEDERAL HIGHWAY, STE 121 STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Todd A. Resnick 421 SW California Ave., Ste 101 Stuart, FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: Todd A. Resnick, Mgr 			DATE 01/22/2008 (772) 221-4624		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE Daytime Phone #		