


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90426 018 \*\*\*\*50.00

<b>DOCUMENT # L05000011694</b> 1. Entity Name <b>T.I.M. HOLDINGS LLC</b>					
Principal Place of Business <b>1925 BRICKELL AVENUE, SUITE D-206</b> <b>MIAMI, FL 33129</b>			Mailing Address <b>1925 BRICKELL AVENUE, SUITE D-206</b> <b>MIAMI, FL 33129</b>		
2. Principal Place of Business <b>2100 W. 76 ST</b> Suite, Apt. #, etc. <b>#208</b>			3. Mailing Address <b>2100 W. 76 ST</b> Suite, Apt. #, etc. <b>#208</b>		
City & State <b>MIAMI-FL</b>			City & State <b>MIAMI-FL</b>		
Zip <b>33016</b>		Country <b>USA</b>		4. FEI Number <b>20-228-7702</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MIAMI CORPORATE REGISTRY</b> <b>1925 BRICKELL AVENUE, SUITE D-206</b> <b>MIAMI, FL 33129</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  <b>2100 W. 76 ST #208</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33016</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTERO, ALAIN A 1925 BRICKELL AVENUE, SUITE D-206 MIAMI, FL 33129			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HECTOR MARREDO 2100 W. 76 ST #208 MIAMI-FL 33016
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
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
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>2/24/06</b> Daytime Phone # <b>305-698-6784</b>	

20010959



02242006 Chg-LLC CR2E083 (11/05)