2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

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Entity Name: TBM ENTERPRISES, LLC

Current Principal Place of Business:

7769 QUIDA DR
WEST PALM BEACH, FL 33411

New Principal Place of Business:

6724 FOREST HILL BLVD
GREENACRES, FL 33413

Current Mailing Address:

7769 QUIDA DR
WEST PALM BEACH, FL 33411

New Mailing Address:

6724 FOREST HILL BLVD
GREENACRES, FL 33413

FEI Number: 20-2815713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PACHMAN, MARK A
1645 PALM BEACH LAKES BLVD, STE 1200
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MRS ( ) Delete
Name: TRABULSI, MARIE M MRS
Address: 6724 FOREST HILL BLVD
City-St-Zip: GREENACRES, FL 33413

Title: MR ( ) Delete
Name: MANZ, CHARLIE MR
Address: 6724 FOREST HILL BLVD
City-St-Zip: GREENACRES, FL 33413

Title: MRS ( ) Delete
Name: BOZETARNIK, KIMBERLY M MRS
Address: 7769 QUIDA DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARIE M TRABULSI MRS 04/29/2007

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