LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR)		
DOCUMENT # LOJOOOD 53 21.6 1. Entity Name TBY INVESTHENTS LLC		07 DEC 18 PM 1:52 SECRETARY OF STATE
DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 1765 COYAL PAUTEUN Suite, Apt. #, etc. 207		DO NOT WRITE IN THIS SPACE
	City & State	4. FEI Number Applied For Not Applicable
Zip Country Z 3.3 0 6 5	ip Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
	Control of the Contro	7. Name and Address of Current Registered Agent
DO NOT WRI IN THIS SPACE	Street Address (P.O. Box Number is Not Acceptable) S ROYAL PALM BLVD #204
8. The above named entity submits this eratement of the puthe obligations of registered specific. 1. The above named entity submits this eratement of the puthe obligations of registered specific. 2. The above named entity submits this eratement of the puthe obligations of registered specific.	City CORAC	SPRILLOS FL Zip Code 33065 ed agent, or both, in the State of Florida. I am familiar, with, and accept
SIGNATURE Signature fryged or printed name of registered egent and title if	Epplicable.	12/5/07 DATE
l N	FEE IS:\$50.00 lake Check Payable to Florida Departmen DUE:BY:MAY(1	it of State
9. MANAGING MEMBERS/MA TITLE MGR LARSON D: TO STREET ADDRESS 1765 ROYAL PAL CITY-ST-ZIP CORAL SPRINGS	amicol City all 1	CRZE003B (12/02)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY 51-22P	EINSTATEMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY ST-212	06,07
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of trustee effort execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:		
SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Department of Departme		

TBM INVESTMENTS, LLC 1765 ROYAL PALM BLVD SUITE 204 **CORAL SPRINGS FL 33065**

December 5, 2007

Division of Corporations Annual Report Section P.O. Box 6327 Tallahassee, FL 32314

REF: DOCUMENT#:L05000053216 ANNUAL REPORT 2006 & 2007

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 50.00

Please advise.

Your cooperation is appreciated.

Todd D. Larson