2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058664

LAWRENCE, DOUGLAS

MIAMI, FL 33131 US

WRIGHT, MALCOLM

2460 SAND LAKE ROAD

ORLANDO, FL 32809 US

MGRM

901 BRICKELL KEY BOULEVARD, UNIT 3708

() Delete

Name: Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: TDMK, LLC

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 550 BILTMORE WAY, SUITE 700 CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 550 BILTMORE WAY, SUITE 700 CORAL GABLES, FL 33134 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CFRA, LLC CORP CENTER THREE AT INTERNATIONAL PLAZA 4221 W. BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 336075736 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: JOYCE F. BENTUBO 05/01/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ST CLAIR, KEITH R Name: Name: Address: 901 BRICKELL KEY BOULEVARD, UNIT 3708 Address: City-St-Zip: MIAMI, FL 33131 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MASCARENHAS, TERENCE Name: Address: 50 CRABAPPLE ROAD Address: City-St-Zip: MANHASET, NY 11030 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: MALCOLM J. WRIGHT MGRM 05/01/2008