

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096812

Entity Name: TPMC, LLC

FILED  
Apr 14, 2006  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 3319  
SARASOTA, FL 34230

## New Principal Place of Business:

3177 WALTER TRAVIS DRIVE  
SARASOTA, FL 34240

## Current Mailing Address:

P.O. BOX 3319  
SARASOTA, FL 34230

## New Mailing Address:

3177 WALTER TRAVIS DRIVE  
SARASOTA, FL 34240

FEI Number: 20-3643694

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAHONEY, CARLETON TODD  
3177 WALTER TRAVIS DRIVE  
SARASOTA, FL 34240 US

## Name and Address of New Registered Agent:

MAHONY, CARLETON TODD  
3177 WALTER TRAVIS DRIVE  
SARASOTA, FL 34240 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: CARLETON TODD MAHONY

04/14/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MAHONEY, CARLETON TODD  
Address: P.O. BOX 3319  
City-St-Zip: SARASOTA, FL 34230

Title: MGR ( ) Delete  
Name: MAHONEY, PATRICIA  
Address: P.O. BOX 3319  
City-St-Zip: SARASOTA, FL 34230

Title: MGR ( ) Delete  
Name: MAHONEY, CHRISTOPHER  
Address: P.O. BOX 3319  
City-St-Zip: SARASOTA, FL 34230

Title: MGR ( ) Delete  
Name: MAHONEY, MATTHEW SEAN  
Address: P.O. BOX 3319  
City-St-Zip: SARASOTA, FL 34230

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MAHONY, CARLETON TODD  
Address: 3177 WALTER TRAVIS DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: MGR (X) Change ( ) Addition  
Name: MAHONY, PATRICIA  
Address: 3177 WALTER TRAVIS DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: MGR (X) Change ( ) Addition  
Name: MAHONY, CHRISTOPHER  
Address: 3177 WALTER TRAVIS DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: MGR (X) Change ( ) Addition  
Name: MAHONY, MATTHEW SEAN  
Address: 828 WASHINGTON STREET #3  
City-St-Zip: HOBOKEN, NJ 07030

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLETON TODD MAHONY

MGR

04/14/2006

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