

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90403 039 ***138.75


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

60012012



DOCUMENT # L06000036922

1. Entity Name
TMR FAM, LLC



Principal Place of Business
**6161 BIRD ROAD, SUITE 3A-3B
 MIAMI, FL 33155**

Mailing Address
**6262 BIRD ROAD, SUITE 3A-3B
 MIAMI, FL 33155**

2. Principal Place of Business - No P.O. Box #
907 N. Wilson Ave

3. Mailing Address
907 N. Wilson Ave

Suite, Apt. #, etc.
Suite 231

Suite, Apt. #, etc.
Suite 231

City & State
Bartow FL

City & State
Bartow FL

01142008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4714237

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**COLLETTI, JOSEPH R
 4770 BISCAYNE BOULEVARD SUITE 630
 MIAMI, FL 33137**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signatures required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAHLAN, THOMAS 8282 BIRD ROAD, SUITE 3A-3B MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	manager Dahlan, Raymond 907 N. Wilson Ave # 231 Bartow, FL 33830 <input type="checkbox"/> Change <input checked="" 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
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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.

SIGNATURE: *Raymond Dahlan* **2/28/08** **305-308-7171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Raymond Dahlan, Manager