FILED
Aug 08, 2008 8:00 am
Secretary of State
04-25-2008 90018 023 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/24

DOCUMENT # L07000001355

1. Entity Name
TM REAL ESTATE GROUP, LLC

Principal Place of Business	Mailing Address
1200 PONCE DE LEON BLVD. 1ST FLOOR CORAL GABLES, FL 33134	1200 PONCE DE LEON BLVD. 1ST FLOOR CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2150 Coral Way	2150 Coral Way
Suite, Apt. #, etc. Suite 6B	Suite, Apt. #, etc. Suite 6B
City & State Miami FL	City & State Miami FL
Zip 33145 Country	Zip 33145 Country

04162008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-9156637
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHOMAR, SHADI 7777 N.W. 146TH STREET HIALEAH, FL 33018	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 _____ 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 Managing Member NAME Ballard Holdings LLC STREET ADDRESS 2150 Coral Way #6B CITY-ST-ZIP Miami FL 33145	☐ Change ☐ Addition
TITLE Managing Member ☐ Delete NAME Pellas Holdings Inc. - Manager STREET ADDRESS 2150 Coral Way #6B CITY-ST-ZIP Miami FL 33145	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ 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 individual(s) or business empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ Date

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER(S), MANAGER(S), OR AUTHORIZED REPRESENTATIVE(S) Daytime Phone #