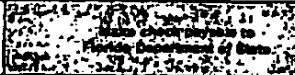


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

4/24

FILED
Aug 08, 2008 8:00 am
Secretary of State

04-25-2008 90018 023 ***138.75

DOCUMENT # L07000001355			
1. Entity Name TM REAL ESTATE GROUP, LLC			
Principal Place of Business 1200 PONCE DE LEON BLVD. 1ST FLOOR CORAL GABLES, FL 33134		Mailing Address 1200 PONCE DE LEON BLVD. 1ST FLOOR CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box # 2150 Coral Way		3. Mailing Address 2150 Coral Way	
Subst. Act. #, sec. Suite 6B		Subst. Act. #, sec. Suite 6B	
City & State Miami FL		City & State Miami FL	
Zip 33145		Country USA	
4. FEI Number 20-9154637		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SHOMAR, SHADI 7777 N.W. 148TH STREET MIALEAH, FL 33018		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 _____ Signature of agent or officer of registered agent and fee is applicable. (NOTE: Registered Agents represent themselves when submitting.)			
FILE NUMBER: FILE IS \$138.75 After May 1, 2008 Fee will be \$338.75			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member Ballard Holdings LLC 2150 Coral Way #6B Miami, FL 33145	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member Pellar Holdings Inc - Member 2150 Coral Way #6B Miami, FL 33145	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 officer or trustee empowered to execute this report as required by Chapter 508, Florida Statutes.			
SIGNATURE: 			
SIGNATURE AND PRINTED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			