

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90077 036 ****50.00

DOCUMENT # L99000004661

1. Entity Name
TAM PROPERTIES, LLC



Principal Place of Business
6615 BOYNTON BEACH BLVD SUITE 310
BOYNTON BEACH, FL 33437

Mailing Address
6615 BOYNTON BEACH BLVD SUITE 310
BOYNTON BEACH, FL 33437

200005000



2. Principal Place of Business
1628 MAYACOO LAKES BLVD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01202005 Chg-LLC CR2E083 (10/03)

City & State
West Palm Beach FL
Zip
33411

City & State
Zip
Country

4. FEI Number
65-0947233
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, THOMAS M III
1628 MAYACOO LAKE BLVD
WEST PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name
THOMAS, William M
Street Address (P.O. Box Number is Not Acceptable)
6615 BOYNTON BEACH BLVD
Suite 310
City
Boynton Beach FL Zip Code
33437

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/05

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, HEATHER 6615 BOYNTON BEACH BLVD SUITE 310 BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, HEATHER 1628 MAYACOO LAKES BLVD West Palm Beach FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/1/05

Date

Daytime Phone #

561 790 4060