2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005061

1. Entity Name
TCM CONSULTING, L.L.C.

Principal Place of Business	Mailing Address
1757 OLEANDER PLACE	1757 OLEANDER PLACE
JACKSONVILLE FL 32210	JACKSONVILLE FL 32210

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	

Zip	Country	Zip	Country	4. FEI Number 59-3615152	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
FLAUTE, DOUGLAS L 2170 WEST STATE ROAD 434 SUITE 100 LONGWOOD FL 32779	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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10.	ADDITIONS / CHANGES
TITLE MGRM NAME GEORGE, ROBERT B STREET ADDRESS 1786 CHALLEN AVENUE #6 CITY-ST-ZIP JACKSONVILLE FL 32205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM George, Robert B 1757 Oleander Place Jacksonville, FL 32210 ☑ Change ☐ Addition
TITLE MGRM NAME GEORGE, MARK R STREET ADDRESS 328 SUNNY LANE CITY-ST-ZIP BELLEAIR FL 34616	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM George, Mark R 608 Palm Drive Largo, FL 33770 ☐ Change ☐ Addition
TITLE MGRM NAME FLAUTE, DOUGLAS L STREET ADDRESS 401 EAST ROBINSON STREET, #206 CITY-ST-ZIP ORLANDO FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004336668---3 -05/31/01--01088--009 *****50.00 *****50.00 ☐ 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 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: _Robert B. George_   4/29/01   (904) 634-1100

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

CR2E083 (11/00)