2005 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L99000009242 1. Entity Name TPI HOLDINGS, LLC Mailing Address Principal Place of Business 7380 SAND LAKE ROAD, SUITE 600 7380 SAND LAKE ROAD, SUITE 600 ORLANDO, FL 32819 ORLANDO, FL 32819 04152005 No Chg-LLC DO NOT WRITE IN THIS SPACE

FILED Apr 26, 2005 08:00 AM Secretary of State



CR2E083 (10/03)

4. FEI Number 59-3620870 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

407-226-1000

Daylime Phone #

6. Name and Address of Current Registered Agent DO NOT WRITE 200 SOUTH ORNAGE AVENUE, SUITE 2300 ORLANDO, FL 32801 IN THIS SPACE

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 II applicable (NOTE Registered Agent signature required when reinstating) DATE		
Filing Fee is \$50.00 Due by May 1, 2005		
9,	MANAGINĞ MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEMPUS PALMS INTERNATIONAL, LTD. 7380 SAND LAKE ROAD, SUITE 600 ORLANDO, FL 32819	Unninnaaat5a
TITLE NAME STREET ADDRESS CITY-ST-ZIP		######################################
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS GITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1). 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 path, that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		

Andrew Marcus, VP of TMI, Inc. , 6P of

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