

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

APPROVE  
AND  
FILED

02 FEB 14 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M02000000044

1. Entity Name

TM INVESTMENTS, L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

123 N.W. 13th Street

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Zip

33432

Country

USA

Zip

Country

4. FEI Number

76-06965-14

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Paul Leikert

Street Address (P.O. Box Number is Not Acceptable)

123 N.W. 13th Street, Suite 300

Boca Raton

City

FL

Zip Code  
33432

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.

Paul Leikert

2/12/02

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

300004946713--4  
-02/18/02--01023--023  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Paul Leikert 123 N.W. 13th Street, Suite 300 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President and Treasurer Tommy McAden 123 N.W. 13th Street, Suite 300 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President and Secretary Holly Hubenak 123 N.W. 13th Street, Suite 300 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Assistant Secretary John Kraynick 123 N.W. 13th Street, Suite 300 Boca Raton, FL 33432
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**DO NOT WRITE  
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CR2E083B (12/01)

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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

John Kraynick

2/12/02 561-391-4012

Date

Daytime Phone #