2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # M0300001001	
1. Entity Name	
TMBC, L.L.C.	



Principal Place of Business

200 GULF STREAM WAY DANIA, FL 33004

Mailing Address

200 GULF STREAM WAY DANIA, FL 33004



07202006 No Chg-LLC

CR2E083 (11/05)

Fee Required

	4. FEI Number				Applied For
	01-0764915				Not Applicable
5. Certificate of Status Desired			\$5.0	0	Additional

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO	NOT	WRIT	Έ
	` ((15) 2')		- 43
IN	THIS	SPAC	E

(110 Obligat	ions of registered agent.				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE		
Filing Fee is \$50.00 Due by September 6, 2006					
9.	MANAGING MEMBERS/MANAGERS		T. No.		
TITLE	MGRM				
NAME	BURROUGHS, KENNETH N				
STREET ADDRESS	6282 STONEHEDGE COURT	I I make a many a first of the first business	s de divina la combina		
CITY-ST-ZIP	OZARK, MO 65721				
TITLE	MGRM	Sherini and grand fine in the	The Mark the same states that		
NAME	SMITH, STEVE W	LOOO	0572893		
STREET ADDRESS	3721 S BURGE AVENUE	■ 08/01/ñF	-80004-005 55.00		
CITY-ST-ZIP	SPRINGFIELD, MO 65807				
TITLE					
NAME		A second	A Control of the Control		
STREET ADDRESS		The special parties			
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NAME		in This s	PACE		
STREET ADDRESS		\$1 - 10 pt 1 −			
CITY-ST-ZIP					

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

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 eath; 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:

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

NAME STREET ADDRESS

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

7-24-0

417-873-5978

Daytime Phone #