| 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT | | | FILED Mar 25, 2004 08:00 AM | |
|---|---|----|---|--|
| DOCUMENT # M0300002508 1. Entity Name TMG REAL ESTATE AND FINANCIAL SERVICES, LLC | | | Secretary of State | |
| Principal Plac 301 E. MAIN LOUISVILLE, | ST. SUITE 100 301 E. MAIN ST. SUITE 100 | | | |
| DO NOT WRITE IN THIS SPA | | CE | 03192004 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For 61-1378421 Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required | |
| 5. Name and Address of Current Registered Agent CROGHEN, MARY JANE 2985 WILDERNESS BLVD. EAST PARRISH, FL 34219 | | - | DO NOT WRITE IN THIS SPACE | |
| 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 | | | | |
| Filing Fee is \$50.00 U00000096505 Due by May 1, 2004 03/25/04-80031-023 50.00 | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | ÷ | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MILLER, ARNOLD B 301 E. MAIN ST. STE 100 LOUISVILLE, KY 40202 MGR MILLER, MICHAEL R 301 E. MAIN ST. STE 100 LOUISVILLE, KY 40202 | - | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| 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 cath; 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, OR AUTHORIZED REPRESENTATIVE Date Date Date | | | | |