## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # M03000003767** 

t. Enlity Name TMJ, LLC



Principal Place of Business

105 BLUE BIRD COURT WHITE HALL, AR 71602 Mailing Address

105 BLUE BIRD COURT WHITE HALL, AR 71602 FILED May 03, 2004 08:00 AM Secretary of State



04212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0245983

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

DOXIE, LINDA 1505 ACHILLES PORT CHARLOTTE, FL 33980

SIGNATURE.

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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.	,

(NOTE Registered Agent signature required when reinstating)

## Filing Fee is \$50.00 Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS				
THE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPPS, MELANIE 105 BLUE BIRD COVE WHITE HALL, AR 71602				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TAPLEY, JENNIFER 28 WEST REMINGTON HIGHLAND VILLAGE, TX 75077				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, TAMMIE 510 W. 2ND STREET DEWITT, AR 72042				
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADORESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
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11. I hereby certify that the information supplied with this filling 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: ${\mathcal D}$	Melanie	Corone	Mana
SIGNATURE AND TY	ED OR PRINTED NAME OF	SIGNING MÅNAGING MEMBER	OR AUTHORIZED REPRESENTATIVE

Managing Member

8 20 26 6 1 7 6 4