

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90053 043 ***150.00

DOCUMENT # P06000057447	
1. Entity Name TMC INVESTMENT PROPERTIES, INC.	

Principal Place of Business 1451 NW 1ST ST., #1 MIAMI, FL 33125	Mailing Address 1451 NW 1ST ST., #1 MIAMI, FL 33125
-----------------------------------------------------------------------	-----------------------------------------------------------

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-----------------------------------------------------------------------	-------------------------------------------

City & State	City & State
Zip	Country

40073832



04162007 Chg-P CR2E034 (12/06)

4. FEI Number	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	--------------------------------

6. Name and Address of Current Registered Agent CARLO, TATYANA 1451 NW 1ST ST., #1 MIAMI, FL 33125	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
-------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARLO, TATYANA 1451 NW 1ST ST., #1 MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40013832

Florida Corporate Income/Franchise and Emergency Excise Tax Return

F-1120, R. 01/07

ATX1



FEIN 20-4899863

For calendar year 2006 or tax year beginning 01/01, 2006 ending



870802006123100020050377320489986300004

Name TMC Investment Properties Inc
 Address 1451 NW 1st Street
 Address
 City/State/ZIP Miami, FL 33125

☐ Check here if any changes
 have been made to name
 or address
☐ Check here if you do not want the
 Department to send you a form
 next year. (*see back of coupon)

Computation of Florida Net Income and Emergency Excise Tax

1. Federal taxable income (see instructions)
 Attach pages 1-4 of federal return Check here if negative 0.00

2. State income taxes deducted in computing federal taxable income
 (attach schedule) Check here if negative 0.00

3. Additions to federal taxable income (from Schedule I) Check here if negative 0.00

4. Total of Lines 1, 2 and 3. Check here if negative 0.00

5. Subtractions from federal taxable income (from Schedule II) Check here if negative 0.00

6. Adjusted federal income (Line 4 minus Line 5) Check here if negative 0.00

7. Florida portion of adjusted federal income (see instructions) Check here if negative 0.00

8. Nonbusiness income allocated to Florida (from Schedule R) Check here if negative 0.00

9. Florida exemption 0.00

10. Florida net income (Line 7 plus Line 8 minus Line 9) 0.00

11. Tax due: 5.5% of Line 10 or amount from Schedule VI, Line 11, whichever is greater
 (see instructions for Schedule VI). 0.00

12. Credits against the tax (from Schedule V, Line 16) 0.00

13. Emergency excise tax due (from Schedule A, Line 20) 0.00

14. Total corporate income/franchise and emergency excise tax due (see instructions). 0.00

15. a) Penalty: F-2220 0.00 b) Other 0.00
 c) Interest: F-2220 0.00 d) Other 0.00 Line 15 Total 0.00

16. Total of Lines 14 and 15 0.00

17. Payment credits: Estimated tax payments 17a \$
 Tentative tax payment 17b \$ 0.00 0.00

18. Subtract Line 17 from Line 16. Enter amount due here and on payment coupon.
 If there is an overpayment, enter on Line 19 and/or Line 20. 0.00

19. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon 0.00

20. Refund: Enter amount of overpayment to be refunded here and on payment coupon 0.00

ATX1

2006 Florida Corporate Income Tax Return

F-1120

Do Not Detach

YEAR ENDING 12/31/2006

R. 01/07

To ensure proper credit to your account, attach your check to this payment coupon and mail with tax return.

Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Check here if you transmitted funds electronically ☐

Name TMC Investment Properties Inc
 Address 1451 NW 1st Street
 Address
 City/State/ZIP Miami, FL 33125

204899863	0	0	0
20070101	0	0	0
20061231	0	0	0
00000000	.000000	0	0
003	0	0	0
210	0	0	0
0	0	0	0
0	0	0	0



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NAME TMC Investment Properties Inc FEIN 20-4899863 TAXABLE YEAR ENDING 12/31/2006

Schedule A — Computation of Emergency Excise Tax (for assets placed in service 1/1/81 to 12/31/86)

1. Total depreciation expense deducted on federal Form 1120	1.	0
2. Florida portion of adjusted federal income from F-1120, Page 1, Line 7 or Schedule VI, Line 7 (see instructions)	2.	0
3. Loss carry forward (Enter the loss as a positive number)	3.	0
4. Subtract Line 3 from Line 2 and enter here Note: If a loss carry forward shown on Line 3 exceeds a loss on Line 2, enter positive difference of the loss amounts shown	4.	0
5. Depreciation deducted pursuant to I.R.C. s. 168 for assets placed in service 1/1/81 to 12/31/86	5.	
6. Straight-line depreciation deducted pursuant to I.R.C. s. 168(b)(3) and 60% of amounts of depreciation previously taxed on Schedule VI (for assets placed in service 1/1/81 to 12/31/86)	6.	
7. Ail depreciation deducted pursuant to I.R.C. s. 168 directly related to any amount shown as nonbusiness income	7.	
8. Subtract the sum of Line 6 and 7 from the amount on Line 5 and enter result here	8.	0
9. Multiply Line 8 by .40 (40%) and enter here	9.	0
10. Florida apportionment fraction shown in Schedule IIIA or IIID of F-1120 (Taxpayers that are 100% in Florida enter 1.0)	10.	1.000000
11. Multiply Line 9 by Line 10 and enter here	11.	0
12. Determine the amount of depreciation deducted pursuant to I.R.C. s. 168 [except pursuant to s. 168(b)(3)] used in computing nonbusiness income allocated to Florida, multiply the amount by .40 (40%), and enter here	12.	
13. Add Lines 11 and 12 and enter here	13.	0
14. Loss shown on Line 4. Note: If Line 4 does not show a loss, enter 0	14.	0
15. The portion of the exemption provided in s. 220.14, Florida Statutes, not used for Chapter 220 purposes, if any. If none, enter 0	15.	
16. Subtract the sum of Lines 14 and 15 from the amount on Line 13 and enter result here	16.	0
17. Multiply Line 16 by 2.5 (not 2.5 %) and enter here. Note: If Line 16 shows a loss, enter 0	17.	0
18. Total tax due (2.2% of Line 17)	18.	0
19. (a) Emergency excise tax credit: (b) Emergency excise tax credit carryover: (attach schedule) Total	19.	0
20. Balance of tax due (enter on Page 1, Line 13)	20.	0

Schedule I — Additions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see instructions)	1.	1.
2. Undistributed net long-term capital gains (see instructions)	2.	2.
3. Net operating loss, net capital loss, and excess charitable and employee benefit plan contribution carryovers deducted in computing federal taxable income (attach schedule)	3.	3. 0
4. Enterprise zone jobs credit (Form F-1156Z)	4.	4. 0
5. Ad valorem taxes allowable as enterprise zone property tax credit (Form F-1158Z)	5.	5. 0
6. Guaranty association assessment(s) credit	6.	6.
7. Rural and/or urban high crime area job tax credits	7.	7. 0
8. State housing tax credit	8.	8. 0
9. Credit for contributions to nonprofit scholarship funding organizations	9.	9. 0
10. Other additions (attach statement)	10.	10.
11. Total Lines 1 through 10 in Columns (a) and (b.) Enter totals for each column on Line 11. Column (a) total is also entered on Page 1, Line 3 (of the F-1120 return). Column (b) total is also entered on Schedule VI, Line 3.	11. 0	11. 0



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R. 01/07
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NAME TMC Investment Properties Inc FEIN 20-4899863 TAXABLE YEAR ENDING 12/31/2006

Schedule R — Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type	Amount
Total allocated to Florida	1. 0
(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)	

Line 2. Nonbusiness income (loss) allocated elsewhere

Type	State/country allocated to	Amount
Line 2. Total allocated elsewhere		2. 0

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2	3. 0
(Enter here and on Schedule II, Line 6)	

Estimated Tax Worksheet For Taxable Years Beginning On or After January 1, 2007

1. Florida income expected in taxable year	1. \$
2. Florida exemption \$5,000 (Members of a controlled group, see instructions on page 16 of F-1120N)	2. \$
3. Estimated Florida net income (Line 1 less Line 2)	3. \$ 0
4. Total Estimated Florida tax (5.5% of Line 3)*	\$ 0
Less: Credits against the tax	4. \$ 0

* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.

5. Estimated emergency excise tax	5. \$
6. Total corporate and emergency excise tax (Line 4 plus Line 5)	6. \$ 0

If Line 6 is more than \$2,500, file installment as computed on Line 7; if \$2,500 or less, no declaration (Form F-1120ES) is required.

7. Computation of installments:

Payment due dates and	1st day of 5th month - Enter 0.25 of Line 6	7a. 0
payment amounts:	1st day of 7th month - Enter 0.25 of Line 6	7b. 0
	1st day of 10th month - Enter 0.25 of Line 6	7c. 0
	1st day after close of fiscal year - Enter 0.25 of Line 6	7d. 0

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Form F-1120ES).

1. Amended estimated tax	1. \$
2. Less:	
(a) Amount of overpayment from last year elected for credit to estimated tax and applied to date	2a. \$
(b) Payments made on estimated tax declaration (F-1120ES)	2b. \$
(c) Total of Lines 2(a) and 2(b)	2c. \$ 0
3. Unpaid balance (Line 1 less Line 2(c))	3. \$ 0
4. Amount to be paid (Line 3 divided by number of remaining installments)	4. \$

ATTACHMENT 40073832

Form **1120S**Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

► Do not file this form unless the corporation has filed Form 2553
to elect to be an S corporation.
► See separate instructions.

OMB No. 1545-0130

2006

For calendar year 2006 or tax year beginning

ending

A Effective date of S election 4/21/2006	Use IRS label. Other-wise, print or type.	Name TMC Investment Properties Inc Number, street, and room or suite no. If a P.O. box, see instructions. 1451 NW 1st Street City or town State ZIP code Miami FL 33125	C Employer identification number 20-4899863
B Business activity code number (see instructions) 811490			D Date incorporated 4/21/2006
			E Total assets (see instructions) \$ 290

F Check if: (1) ☒ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return

G Enter the number of shareholders in the corporation at the end of the tax year 1

H Check if Schedule M-3 is required (attach Schedule M-3) ☐

Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	30,200	b Less returns and allowances		c Bal	1c	30,200
	2 Cost of goods sold (Schedule A, line 8)					2	
	3 Gross profit. Subtract line 2 from line 1c					3	30,200
	4 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)					4	
	5 Other income (loss) (see instructions—attach statement)					5	
	6 Total income (loss). Add lines 3 through 5					6	30,200
Deductions (see instructions for limitations)	7 Compensation of officers					7	
	8 Salaries and wages (less employment credits)					8	
	9 Repairs and maintenance					9	
	10 Bad debts					10	
	11 Rents					11	
	12 Taxes and licenses					12	150
	13 Interest					13	
	14 Depreciation not claimed on Schedule A or elsewhere on return (attach Form 4562)					14	
	15 Depletion (Do not deduct oil and gas depletion.)					15	
	16 Advertising					16	
	17 Pension, profit-sharing, etc., plans					17	
	18 Employee benefit programs					18	
	19 Other deductions (attach statement)					19	32,010
	20 Total deductions. Add lines 7 through 19					20	32,160
	21 Ordinary business income (loss). Subtract line 20 from line 6					21	-1,960
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)		22a			22c	0
	b Tax from Schedule D (Form 1120S)		22b				
	c Add lines 22a and 22b (see instructions for additional taxes)						
	23a 2006 estimated tax payments and 2005 overpayment credited to 2006		23a				
	b Tax deposited with Form 7004		23b				
	c Credit for federal tax paid on fuels (attach Form 4136)		23c				
	d Credit for federal telephone excise tax paid (attach Form 8913)		23d				
	e Add lines 23a through 23d					23e	0
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached					24	
	25 Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed					25	0
	26 Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid					26	0
27 Enter amount from line 26 Credited to 2007 estimated tax					27	0	

Sign
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Title

Preparer's
signature

Date

Check if self-
employed ☒Preparer's SSN or PTIN
262-04-6120

Paid

Preparer's
Use OnlyFirm's name (or
yours if self-employed),
address, and ZIP codeBarry Brown
10245 SW 139 PI
Miami FL 33186

EIN

Phone no. 305-385-9934

ZIP code 33186

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Shareholders' Pro Rata Share Items (continued)		Total amount	
Deductions	11 Section 179 deduction (attach Form 4562)	11	
	12a Contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type (2) Amount	12c(2)	
	d Other deductions (see instructions) Type	12d	
Credits	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	13c	
	d Other rental real estate credits (see instructions) Type	13d	
	e Other rental credits (see instructions) Type	13e	
	f Credit for alcohol used as fuel (attach Form 6478)	13f	
	g Other credits (see instructions) Type	13g	
Foreign Transactions	14a Name of country or U.S. possession		
	b Gross income from all sources	14b	
	c Gross income sourced at shareholder level	14c	
	Foreign gross income sourced at corporate level		
	d Passive	14d	
	e Listed categories (attach statement)	14e	
	f General limitation	14f	
	Deductions allocated and apportioned at shareholder level		
	g Interest expense	14g	
	h Other	14h	
	Deductions allocated and apportioned at corporate level to foreign source income		
	i Passive	14i	
	j Listed categories (attach statement)	14j	
	k General limitation	14k	
Other information			
l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l		
m Reduction in taxes available for credit (attach statement)	14m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties—gross income	15d	
	e Oil, gas, and geothermal properties—deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	
	d Property distributions	16d	
	e Repayment of loans from shareholders	16e	
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l.	18	-1,960



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NAME TMC Investment Properties Inc FEIN 20-4899863 TAXABLE YEAR ENDING 12/31/2006

Schedule IV — Computation of Florida Portion of Adjusted Federal Income

	Column (a) ADJUSTED FEDERAL INCOME	Column (b) ADJUSTED AMT INCOME
1. Apportionable adjusted federal income from Page 1, Line 6 [or Line 6, Schedule VI for AMT in Col. (b)]	1. 0	1. 0
2. Florida apportionment fraction [Schedule III-A, Line 4 or Schedule III-D, Column (c)]	2. .000000	2. .000000
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3. 0	3. 0
4. Net operating loss and/or other carryover apportioned to Florida (attach statement; see instructions)	4. 0	4. 0
5. Adjusted federal income apportioned to Florida (Line 3 less Line 4; see instructions)	5. 0	5. 0

Schedule V — Credits Against the Corporate Income/Franchise Tax

1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Form F-1158Z attached)	3. 0
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Form F-1158Z attached)	5. 0
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Emergency excise tax (EET) credit (see instructions and attach schedule)	8. 0
9. Hazardous waste facility tax credit	9.
10. Florida alternative minimum tax (AMT) credit	10.
11. Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.
12. Child care tax credits (attach certification letter)	12.
13. State housing tax credit (attach certification letter)	13.
14. Credit for contributions to nonprofit scholarship funding organizations	14.
15. Other credits (attach schedule)	15.
16. Total credits against the tax (sum of Lines 1 through 15 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	16. 0

Schedule VI — Computation of Florida Alternative Minimum Tax (AMT)

1. Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1. 0
2. State income taxes deducted in computing federal taxable income (attach schedule)	2. 0
3. Additions to federal taxable income [from Schedule I, Column (b)]	3. 0
4. Total of Lines 1 through 3	4. 0
5. Subtractions from federal taxable income [from Schedule II, Column (b)]	5. 0
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6. 0
7. Florida portion of adjusted federal income (see instructions)	7. 0
8. Nonbusiness income allocated to Florida (see instructions)	8. 0
9. Florida exemption	9. 0
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10. 0
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11. 0



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NAME TMC Investment Properties Inc FEIN 20-4899863 TAXABLE YEAR ENDING 12/31/2006

Schedule II — Subtractions from Federal Taxable Income		Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78 I.R.C. income \$ _____ (b) plus s. 862 I.R.C. dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ▶		1.	0 1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951 I.R.C. subpart F income \$ _____ 0 (b) less direct and indirect expenses \$ _____ Total ▶		2.	0 2.
Note: Taxpayers doing business both within and without Florida enter zero on Lines 3, 4, and 5 and complete Line 4 of Schedule IV.			
3. Florida net operating loss carryover deduction (see instructions)		3.	0 3.
4. Florida net capital loss carryover deduction (see instructions)		4.	4.
5. Florida excess charitable and/or employee benefit plan contribution carryover (see instructions)		5.	5.
6. Nonbusiness income (from Schedule R, Line 3)		6.	0 6.
7. Eligible net income of an international banking facility (see instructions)		7.	7.
8. Other subtractions (attach statement)		8.	8.
9. Total Lines 1 through 8 in Columns (a) and (b). Enter totals for each column on Line 9. Column (a) total is also entered on Page 1, Line 5 (of the F-1120 return). Column (b) total is also entered on Schedule VI, Line 5.		9.	0 9.

Schedule III — Apportionment of Adjusted Federal Income					
III-A For use by taxpayers doing business both within and without Florida, except those providing insurance or transportation services.					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Page 11 of the instructions.	(e) Weighted Factors Rounded to Six Decimals Places
1. Property (Schedule III-B below)	0	0	.000000	x 25% or 0.0%	.000000
2. Payroll	0	0	.000000	x 25% or 0.0%	.000000
3. Sales (Schedule III-C below)	0	0	.000000	x 50% or 0.0%	.000000
4. Apportionment fraction [Sum of Lines 1, 2, and 3, Column (e)]. Enter here and on Schedule IV, Line 2.					.000000
III-B For use in computing average value of property. (Use original cost)					
	WITHIN FLORIDA		TOTAL EVERYWHERE		
	a. Beginning of year	b. End of year	a. Beginning of year	b. End of year	
1. Inventories of raw material, work in process, finished goods	0	0	0	0	
2. Buildings and other depreciable assets	0	0	0	0	
3. Land owned	0	0	0	0	
4. Other tangible and intangible (financial org. only) assets (attach schedule)	0	0	0	0	
5. Total (Lines 1 through 4)	0	0	0	0	
6. Average value of property [add Line 5, Columns (a) and (b) and divide by 2 (for within Florida and total everywhere)]					
		0			0
7. Rented property (8 times net annual rent)					
		0			0
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Column (a) and (b)					
		0			0
		Average Florida			Average Everywhere
III-C Sales Factor			TOTAL WITHIN FLORIDA (Omit cents)	TOTAL EVERYWHERE (Omit cents)	
1. Sales (gross receipts)				0	
2. Sales delivered or shipped to Florida purchasers			0		
3. Other gross receipts (rents, royalties, interest, etc. when applicable)			0	0	
4. TOTAL SALES [Enter on Schedule III-A, Line 3, Columns (a) and (b)]			0	0	
III-D Special Apportionment Fractions (see instructions)			(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction [(a) ÷ (b)] Rounded to Six Decimals Places
1. Insurance companies (attach copy of Schedule T-Annual Report)					.000000
2. Transportation services					.000000