


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 05, 2008 08:00 AM**  
**Secretary of State**


DOCUMENT # L00000013044  
 1. Entity Name  
 TAMARAC CENTER, LLC



Principal Place of Business  
 10933 WELLWORTH AVE., #6  
 LOS ANGELES, CA 90024

Mailing Address  
 10933 WELLWORTH AVE., #6  
 LOS ANGELES, CA 90024

**DO NOT WRITE IN THIS SPACE**



01072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 58-2579380	Applied For Not Applicable.
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACK, DAVID  
 FRANK WEINBERG BLACK, P.L.  
 7805 SW 6TH CT  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**


U000000818999  
 02/14/08-80075-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BAKER, CONRAD C 10933 WELLWORTH AVE E6 LOS ANGELES, CA 90024
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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:  DATE: 2/1/08 DAYTIME PHONE #: 310 445 2500 X106

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