



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000001764						<p style="font-size: 2em; font-weight: bold; margin: 0;">FILED</p> <p style="margin: 5px 0;">2007 MAY 18 P 4: 58</p> <p style="margin: 5px 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> 									
<b>1. Entity Name</b> TA INTERNATIONAL LLC				<b>Principal Place of Business</b> 3425 NORTH OCEAN BLVD. GULFSTREAM, FL 33483				<b>Mailing Address</b> C/O RICHARDS & POLANSKY, P.A. 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133							
<b>2. Principal Place of Business - No P.O. Box #</b> 3435 North Ocean Blvd.		<b>3. Mailing Address</b> 2665 S. Bayshore Drive		Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State Gulfstream, FL		City & State Miami, FL		4. FEI Number 02-0540851		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33483		Country USA		Zip 33133		Country USA		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		04102007 Chg-LLC CR2E083 (12/06)			
<b>6. Name and Address of Current Registered Agent</b>						<b>7. Name and Address of New Registered Agent</b>									
WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133						Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>															
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>						<b>Make check payable to Florida Department of State</b>									
<b>9. MANAGING MEMBERS / MANAGERS</b>							<b>10. ADDITIONS / CHANGES</b>								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARCAINI, TONIO G.B. 3435 NORTH OCEAN BLVD. GULFSTREAM, FL 33483					<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 <div style="text-align: center; font-weight: bold; font-size: 1.2em;">500103219205</div> 05/24/07--01033--006 **900.00								
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								
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: <u>Timothy D. Richards</u> Date: <u>4/10/07</u> Daytime Phone #: <u>(305) 858-9900</u>															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE															