\$007, LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000012787

KASPER HOLDINGS OF TALLAHASSSEE, LLC



Principal Place of Business

P. O. BOX 204387311 Jackson Blog b TALLAHASSEE, FL 3231804

Mailing Address P.O. BOX 20438 TALLAHASSEE, FL 32316

FILED 07 APR 26 AM 8: 34 SECRETARY OF STATE TALLAHASSEE. FLORIDA

BK



04102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 86-1057079 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KASPER, JOSH

DO NOT WRITE

TALLAHASSEE, FL 32317		*A	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. It 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			
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS	-	
TITLE NAME	MGRM KASPER, JOSH		
STREET ADDRESS	1136 GATESHEAD CIRCLE	A)r>	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	र्गी	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			700101704247 05/07/0701021022 **50.00
TITLE			
NAME			
STREET ADDRESS CITY-ST-ZIP	·		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE		1	
NAME		f	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			

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:

NAME STREET ADDRESS CITY-ST-ZIP

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

850-528-1398