

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048138

FILED
Apr 10, 2007
Secretary of State

Entity Name: TAILERS' COVE DEVELOPMENT LLC

Current Principal Place of Business:

PO BOX 267803
WESTON, FL 33326

New Principal Place of Business:

1038 LAVENDER CIRCLE
WESTON, FL 33327

Current Mailing Address:

PO BOX 267803
WESTON, FL 33326

New Mailing Address:

FEI Number: 54-2154968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TTK SERVICE LLC
445 GERONA AVE
MIAMI, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SANCHEZ-ABALLI, RAFAEL
Address: PO BOX 267803
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: ALVAREZ, RABLO A
Address: PO BOX 267803
City-St-Zip: WESTON, FL 33326

Title: MGR (X) Delete
Name: BERMUDEZ, JUAN JOSE
Address: PO BOX 267803
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BERMUDEZ, JUAN JOSE
Address: PO BOX 267803
City-St-Zip: WESTON, FL 33326

Title: MGR (X) Change () Addition
Name: ALVAREZ, PABLO A
Address: PO BOX 267803
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JUAN JOSE BERMUDEZ MGR 04/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date