


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

01-21-2005 90093 009 ****50.00

DOCUMENT # L04000079312

1. Entity Name
TF HOLDINGS, LLC



Principal Place of Business
**8805 S.W. 149TH STREET
 MIAMI, FL 33176**

Mailing Address
**8805 S.W. 149TH STREET
 MIAMI, FL 33176**

30097654



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03022005 Chg-LLC CR2E083 (10/03)

City & State
 Zip Country

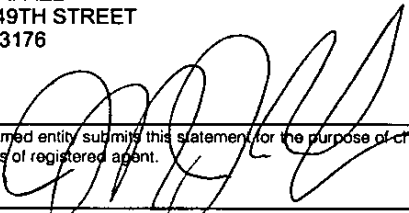
4. FEI Number
41-2169076

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSADO, RAFAEL
 8805 S.W. 149TH STREET
 MIAMI, FL 33176**



7. Name and Address of New Registered Agent

Name
Merrill Jay Taub

Street Address (P.O. Box Number is Not Acceptable)
8805 S.W. 149th Street

City
Miami FL Zip Code
33176

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 **3/2/05**

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

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TAUB, JACK <input checked="" type="checkbox"/> Delete 8805 S.W. 149TH STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WASSERMAN, SARIE <input type="checkbox"/> Delete 606 HERITAGE DRIVE FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TAUB, MERILL J <input type="checkbox"/> Delete 8805 S.W. 149TH STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Taub, Merrill J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8805 S.W. 149th Street Miami, FL 33176
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"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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:  **Merrill J. Taub, Manager** 3/2/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #