


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 22, 2006 8:00 am
Secretary of State

04-27-2006 90032 006 ****50.00

DOCUMENT # L05000019864	
1. Entity Name TAMMANA MARBLES L.L.C.	

30008785



Principal Place of Business 5113 N. DAVIS HWY STE 5 PENSACOLA, FL 32503		Mailing Address 5113 N. DAVIS HWY STE 5 PENSACOLA, FL 32503	
2. Principal Place of Business 7717 ANDERSON RD. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 7717 ANDERSON RD. <small>Suite, Apt. #, etc.</small>	
City & State TAMPA, FL.		City & State TAMPA, FL.	
Zip 33634-3039	Country	Zip 33634-3039	Country

02012006 Chg-LLC CR2E083 (11/05)

4. FEI Number 74-3139996		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent SHARMA, MUKESH K 5113 N. DAVIS HWY STE 5 PENSACOLA, FL 32503		7. Name and Address of New Registered Agent Name BALJIT S. MAROQUE Street Address (P.O. Box Number is Not Acceptable) 7717 ANDERSON RD. City TAMPA FL Zip Code 33634-3039

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 *Baljit Singh* DATE 4/20/2006
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, 2006**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAROQUE, BALJIT SINGH 5113 N. DAVIS HWY STE 5 PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7717 ANDERSON RD. TAMPA, FL. 33634-3039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHARMA, MUKESH K 5113 N. DAVIS HWY STE 5 PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7717 ANDERSON RD. TAMPA, FL. 33634-3039
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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: *Baljit Singh* DATE 4/20/2006

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

Date

Daytime Phone #