


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L05000069963 1. Entity Name TACK, LLC	
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Principal Place of Business 6224 14TH STREET W BRADENTON, FL 34207	Mailing Address 6224 14TH STREET W BRADENTON, FL 34207
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04202007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3157197	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEARNS WEAVER MILLER WEISSLER ALHADEFF &
C/O CARLOS J. CANINO, ESQ.
150 WEST FLAGLER STREET, MUSEUM TOWER #2200
MIAMI, FL 33130

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, CECIL 2673 MONOCACY FORD RD FREDERICK, MD 21701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, KEVIN 9327 HILLSBOROUGH DR FREDERICK, MD 21701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONWAY, TIM 901 MEADOW GREEN DR MOUNT AIRY, MD 21771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, ANN 2673 MONOCACY FORD RD FREDERICK, MD 21701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/15/07-80103-021/50.00

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:  DATE: 4/23/07 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE