2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2007
Secretary of State

DOCUMENT# L05000076142

Entity Name: TARA, LLC

Current Principal Place of Business:

195 26TH AVENUE NORTH
ST. PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

195 26TH AVENUE NORTH
ST. PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 20-3252950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

OWEN, GEORGE E JR.
100 FIRST AVENUE SOUTH, SUITE 500
ST. PETERSBURG, FL 33701 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: MBR ( ) Delete
Name: HOWE, GERALD L
Address: 195 26 AVE NO
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: MBR ( ) Delete
Name: GRANT, JAMEST
Address: 1140 22ND AVE NO
City-St-Zip: ST. PETERSBURG, FL 33704 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HOWE, GERALD L
Address: 195 26 AVE NO
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: MGRM (X) Change ( ) Addition
Name: GRANT, JAMEST
Address: 1140 22ND AVE NO
City-St-Zip: ST. PETERSBURG, FL 33704 US

I hereby certify that the information supplied with this filing does not qualify 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: GERALD L HOWE MGRM 09/06/2007

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