

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001145

FILED
Jan 25, 2006
Secretary of State

Entity Name: THE TALARIA COMPANY, LLC

Current Principal Place of Business:

ONE LITTLE HARBOR LANDING
PORTSMOUTH, RI 02871

New Principal Place of Business:

Current Mailing Address:

ONE LITTLE HARBOR LANDING
PORTSMOUTH, RI 02871

New Mailing Address:

FEI Number: 01-0523447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: DISCHINO, GERARD C
Address: ONE LITTLE HARBOR LANDING
City-St-Zip: PORTSMOUTH, RI 02871

Title: MGR () Delete
Name: WILLARD, RALPH
Address: ONE LITTLE HARBOR LANDING
City-St-Zip: PORTSMOUTH, RI 02871

Title: MGR () Delete
Name: BAIN, WILLARD
Address: ONE LITTLE HARBOR LANDING
City-St-Zip: PORTSMOUTH, RI 02871

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: BAIN, WILLIAM
Address: ONE LITTLE HARBOR LANDING
City-St-Zip: PORTSMOUTH, RI 02871

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: SHERYL ALTMAN

SEC

01/25/2006

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