## 2006 LIMITED LIABILITY COMPANY **FILED ANNUAL REPORT** Mar 02, 2006 08:00 Al DOCUMENT # L0000005673 **Secretary of State** 1. Entity Name TARÁ STUDIOS, L.L.C. Mailing Address Principal Place of Business 3589 SW 10 STREET 3589 SW 10 STREET POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 CR2E083 (11/05) 02132006 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1096536 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BORAKOS, TARA DO NOT WRITE 3589 SW 10 STREET POMPANO BEACH, FL 33069 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE

Applied For

DATE

Daytime Phone #

Not Applicable

Filing	Fee	is:	\$50.0	90
Due b	v M	av 1	. 200	16

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

9.	MANAGING MEMBERS/MANAGERS		,	
TITLE NAME	MGRM BORAKOS, TARA			
STREET ADDRESS	3589 SW 10 STREET	, -		* * *
CITY-ST-ZIP	POMPANO BEACH, FL 33069	,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE	•	<u> </u>	0000453318″ 746 HN015-006 50.0	
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CITY-ST-ZIP		DO NO	T WRITE	
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STREET ADDRESS			-	
TITLE		THE LOSS OF THE CONTRACTOR OF THE PARTY OF T		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				`
11. I hereby indicated limited lis	certify that the information supplied with this filing does not qualify for the ex- l on this report is true and accurate and that my signature shall have the sar ability company or the receiver or trustee empowered to execute this report a	emptions contained in Chapter 119, Florida e legal effect as if made under oath; that i s required by Chapter 608, Florida Statutes.	Statutes, I further certify that the inf am a managing member or managing	ormation er of the

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

(NOTE: Registered Agent signature required when reinstating)