2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2007
Secretary of State

DOCUMENT# L00000008471

Entity Name: TABB LIMITED LIABILITY COMPANY

Current Principal Place of Business:

690 LEMON BLUFF ROAD
OSTEEN, FL 32764

New Principal Place of Business:

333 S. STATE ROAD 415
OSTEEN, FL 32764

Current Mailing Address:

690 LEMON BLUFF ROAD
OSTEEN, FL 32764

New Mailing Address:

333 S. STATE ROAD 415
OSTEEN, FL 32764

FEI Number: 59-3686230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

WHIGHAM, FRANK C
1001 HEATHROW PARK LANE
SUITE 4001
LAKE MARY, FL 32746 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: MGRM ( ) Delete
Name: TABB, TERRY K
Address: 690 LEMON BLUFF ROAD
City-St-Zip: OSTEEN, FL 32764

Title: MGRM ( ) Delete
Name: TABB, NEVA J
Address: 690 LEMON BLUFF ROAD
City-St-Zip: OSTEEN, FL 32764

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: TABB, TIMOTHY M
Address: 490 CLARK HILL ROAD
City-St-Zip: OSTEEN, FL 32764

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: TERRY K. TABB MGRM 06/13/2007

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