

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L00000009904

Entity Name: TAMWEST, L.L.C.

FILED
Aug 07, 2005
Secretary of State

Current Principal Place of Business:

1825 MAIN STREET, SUITE 201
WESTON, FL 33326

New Principal Place of Business:

1221 BRICKELL AVE #902
MIAMI, FL 33131

Current Mailing Address:

1825 MAIN STREET, SUITE 201
WESTON, FL 33326

New Mailing Address:

1221 BRICKELL AVE #902
MIAMI, FL 33131

FEI Number: 65-1046527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEW, JEFFREY
C/O TEW CARDENAS REBAK
1441 BRICKELL AVENUE 15TH FLOOR,
MIAMI, FL 33131 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: TAMBURELLO, CHARLES T
Address: 1825 MAIN ST., STE 201
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: TAMBURELLO, REGINA M
Address: 1825 MAIN ST., STE 201
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TAMBURELLO, CHARLES T
Address: 1221 BRICKELL AVE #902
City-St-Zip: MIAMI, FL 33131

Title: MGR (X) Change () Addition
Name: TAMBURELLO, REGINA M
Address: 1221 BRICKELL AVE #902
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: REGINA CAMPBELL

MGR

08/07/2005

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