2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2007
Secretary of State

DOCUMENT# L00000011513

Entity Name: TALLAPROP, LLC

Current Principal Place of Business:

14776 GRASSY HOLE CT
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

14776 GRASSY HOLE CT.
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 59-3672612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, JOHN B JR.
14776 GRASSY HOLE CT.
JACKSONVILLE, FL 32258 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:	MILLER, JOHN B JR	
Address:	14776 GRASSY HOLE CT.	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	MGRM	( ) Delete
Name:	DE LA FUENTE, LEE	
Address:	1317 DILLARD ST	
City-St-Zip:	TALLAHASSEE, FL 32212	
Title:	MGRM	( ) Delete
Name:	FUENTES, ELIZABETH M	
Address:	304 LORING LANE	
City-St-Zip:	PEACHTREE CITY, GA 30269	

ADDITIONS/CHANGES:

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

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: JOHN B. MILLER, JR. MGRM 03/24/2007

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