2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2005 08:00 AM Secretary of State

DOCUMENT # L0000011545 1. Entity Name TALBOT, LLC				Secr	etary of State
Principal Place 516 PATRIC DUNEDIN, FI		Mailing Address 516 PATRICIA AVE. DUNEDIN, FL 34698	•)	AN MARKA EMBARANTAN MININ MEMBAN MARKATI RASAMI
Ľ	O NOT WRITE	IN THIS SPA	CE	04292005No Chg-LLC	CR2E083 (10/03)
				59-3678658	Not Applicable
				5. Certificate of Status Desired	S5.00 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	- greamannach	Thuisamine aprintar le le	
2196 MAII	ROMAN, P.A. N ST., STE. L I, FL 34698			DO NOT W IN THIS SP	
<u> </u>					
8. The above the obliga	named entity submits this statement for titons of registered agent,	the purpose of changing its registe	red office or register	ed agent, or both, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE					
F D	iling Fee is \$50.00 ue by May 1, 2005				
9.	MANAGING MEMBER	S/MANAGERS			
TITLE	MGRM	· · · · · · · · · · · · · · · · · · ·		Service Control of the Control of th	And the same of the party of th
NAME STREET ADDRESS	COLUCCI, SAM 516 PATRICIA AVE	-	e enjanger	e ee Seeminin Carlos	and the second s
CITY-ST-ZIP	DUNEDIN, FL 34698				* * * *
TITLE	MGRM		<u> </u>		353645
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CITY-ST-ZIP	DUNEDIN, FL 34698				
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TITLE NAME			and the training and the second s	IN THIS SF	ACE
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11. I hereby certify that the information supplied with this filling does not qualify 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 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: SURVEY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #

name Street address City-St-Zip