

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016248

Entity Name: TAM HOLDINGS, L.L.C.

FILED
Mar 08, 2005
Secretary of State

Current Principal Place of Business:

1608 E. COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

1608 E. COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 65-1063306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAGHDASSARIAN, DAVID
1608 E. COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33334 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/MEMBERS:

Title: MGRM () Delete
Name: MENCIA, ANDRES
Address: 1608 E. COMMERCIAL BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: MGRM () Delete
Name: MENCIA, ROSEMARY
Address: 1608 E. COMMERCIAL BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: MGRM () Delete
Name: BAGHDASSARIAN, DAVID
Address: 1608 E. COMMERCIAL BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33334

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 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: DAVID BAGHDASSARIAN

MGRM

03/08/2005

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