

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90072 010 \*\*\*\*50.00

**DOCUMENT # L01000001010**

1. Entity Name  
TABASCO PROPERTIES, L.L.C.



Principal Place of Business  
3801 COMMERCE LOOP  
ORLANDO, FL 32808

Mailing Address  
3801 COMMERCE LOOP  
ORLANDO, FL 32808



01062006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3698707	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

INFANTINO, THOMAS V  
180 S. KNOWLES AVE., STE. 7  
WINTER PARK, FL 32789

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENDER, RALPH E 3801 COMMERCE LOOP ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STUDSTILL, WILLIAM C 3801 COMMERCE LOOP ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *William C Studstill* 3/31/06 407-578-2210  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #