2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # L01000003376 1. Entity Name TADELLA INVESTMENTS, L.L.C. Mailing Address Principal Place of Business 936 CRENSHAW LAKE RD. 936 CRENSHAW LAKE RD. **LUTZ FL 33549** LUTZ FL 33549 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State City & State 4. FEI Number 65-1131777 Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WIECZORKOWSKI, ANDREW Street Address (P.O. Box Number is Not Acceptable) THE WILDER CENTER 3000 GULF-TO-BAY BLVD., STE. 200 CLEARWATER FL 33759 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. TITLE Change Addition TITLE MGR ☐ Delete U00000346482 KASPROW, WIESLAW H NAME NAME 04/30/05-80076-014 50.00 936 CRENSHAW LAKE ROAD STREET ADDRESS STREET ADDRESS LUTZ FL 33549 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE MEE MGR KASPROW, TADEUSZ MARJE NAME 936 CRENSHAW LAKE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ FL 33549 ☐ Delete TITLE ☐ Change Addition TITLE MGR NAME NAME KASPROW, ELZBIETA CIRECT ADDRESS 936 CRENSHAW LAKE ROAD STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP LUTZ FL 33549 ☐ Addition Change MGR TITLE THLE Delete KASPROW, BARBARA NAME NAME STREET ADDRESS 936 CRENSHAW LAKE ROAD STREET ADDRESS LUTZ FL 33549 CITY - ST- 7IP CITY-ST-ZIP TITLE Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP Delete TOTAL ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing 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 eath; 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: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

05 780673

**FILED**