


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000003376					
1. Entity Name TADILLA INVESTMENTS, L.L.C.					
Principal Place of Business 936 CRENSHAW LAKE RD. LUTZ FL 33549			Mailing Address 936 CRENSHAW LAKE RD. LUTZ FL 33549		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FCI Number 65-1131777	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WIECZORKOWSKI, ANDREW THE WILDER CENTER 3000 GULF-TO-BAY BLVD., STE. 200 CLEARWATER FL 33759				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL 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 _____ (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, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KASPROW, WIESLAW H	NAME			
STREET ADDRESS	936 CRENSHAW LAKE ROAD	STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL 33549	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KASPROW, TADEUSZ	NAME			
STREET ADDRESS	936 CRENSHAW LAKE ROAD	STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL 33549	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KASPROW, ELZBIETA	NAME			
STREET ADDRESS	936 CRENSHAW LAKE ROAD	STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL 33549	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KASPROW, BARBARA	NAME			
STREET ADDRESS	936 CRENSHAW LAKE ROAD	STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL 33549	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY-ST-ZIP		CITY-ST-ZIP			



1st MOORE CR2E083 (10/05)

4. FCI Number **65-1131777**

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: B Kaspro B Kaspro 4/24/06 213380610,