## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING ME

## **FILED** Apr 13, 2007 08:00 All Secretary of State DOCUMENT # L01000003376 1. Entity Namo TADELLA INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 936 CRENSHAW LAKE RD. 936 CRENSHAW LAKE'RD. **LUTZ FL 33549 LUTZ FL 33549** 2. Principal Place of Business - No PO. Box # 3. Mailing Address Suite, Apt. #, otc Suito, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & Stato City & Stato 4. FEI Number Applied For 65-1131777 Not Applicable Zıp Zıp Country Country \$5.00 Additional 5. Certificate of Status Desired 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 City 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 4 applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. ☐ Delete 11111 ☐ Change Addition THEF U000000706405 NAMI NAMI KASPROW, WIESLAW H STREET ADDRESS 04/24/07-80033-007 50.00 STOLET LADDRESS 936 CRENSHAW LAKE ROAD City-St-70 CHY-S1-7P LUTZ FL 33549 Delete Change ☐ Addition 500 11111 NAME. NAMI KASPROW, TADEUSZ SHIELLADDRESS STREET LADDRESS 936 CRENSHAW LAKE ROAD CHY-ST-7IP CHY-ST-7IP LUTZ FL 33549 Delete TITLE ☐ Change ☐ Addition TITLE MGR NAME NAME KASPROW, ELZBIETA STREET AODRESS STREET ADDRESS 936 CRENSHAW LAKE ROAD CITY - \$1-702 Giii - 31 - 71" LUTZ FL 33549 Addition 11111 ☐ Defete ☐ Change MGR TITLE NAME NAME KASPROW, BARBARA STREET ADDRESS STREET ADDRESS 936 CRENSHAW LAKE ROAD CITY-S1-7/P **LUTZ FL 33549** CHY-ST-ZIP ☐ Defete Change Addition 1011 100 NAMI NAMI STREET ADDRESS STREET LADDRESS CHY-ST-ZIP CHY-ST-ZIP ☐ Change Addition шш ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I horeby 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 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.

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE