


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000003376</b> 1. Entity Name <b>TADELLA INVESTMENTS, L.L.C.</b>	
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Principal Place of Business <b>936 CRENSHAW LAKE RD. LUTZ FL 33549</b>	Mailing Address <b>936 CRENSHAW LAKE RD. LUTZ FL 33549</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE      CR2E083 (10/07)

<b>6. Name and Address of Current Registered Agent</b>  <b>WIECZORKOWSKI, ANDREW THE WILDER CENTER 3000 GULF-TO-BAY BLVD., STE. 200 CLEARWATER FL 33759</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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4. FEI Number <b>65-1131777</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

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.

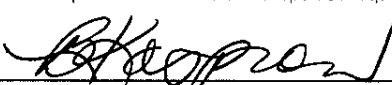
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		Delete
TITLE	MGR	<input type="checkbox"/>
NAME	KASPROW, WIESLAW H	
STREET ADDRESS	936 CRENSHAW LAKE ROAD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	MGR	<input type="checkbox"/>
NAME	KASPROW, TADEUSZ	
STREET ADDRESS	936 CRENSHAW LAKE ROAD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	MGR	<input type="checkbox"/>
NAME	KASPROW, ELZBIETA	
STREET ADDRESS	936 CRENSHAW LAKE ROAD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	MGR	<input type="checkbox"/>
NAME	KASPROW, BARBARA	
STREET ADDRESS	936 CRENSHAW LAKE ROAD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		Change	Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
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:**  2/14/08 8133806101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Cayman Form #