

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008177

FILED
Mar 07, 2008
Secretary of State

Entity Name: TARA DEVELOPMENT, LLC

Current Principal Place of Business:

14290 SW 17TH STREET
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

14290 SW 17TH STREET
DAVIE, FL 33325

New Mailing Address:

FEI Number: 03-0399837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANDES, JACK
2720 SW 117 AVE
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LANDERS, JACK
Address: 2720 SW 117 AVE
City-St-Zip: DAVIE, FL 33330

Title: MGRM () Delete
Name: LANDERS, GWENDOLYN
Address: 2720 SW 117 AVE
City-St-Zip: DAVIE, FL 33330

Title: MGRM () Delete
Name: CROWL, JAMES
Address: 14290 SW 17 ST
City-St-Zip: DAVIE, FL 33325

Title: MGRM () Delete
Name: CROWL, DOROTHY
Address: 14290 SW 17 ST
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GWENDOLYN LANDERS

MGRM

03/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date