


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90216 015 \*\*\*\*50.00

<b>DOCUMENT # L01000013409</b> 1. Entity Name <b>TAES, LLC</b>	
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Principal Place of Business <b>729 COLORADO AVE STUART, FL 34994</b>	Mailing Address <b>PO BOX 2393 STUART, FL 34995</b>
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**24038536**



01082004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1130456</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>AYDELOTTE, W. THOMAS 528 NE ALICE STREET STUART, FL 34996</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SELLIAN, EDWARD M 6794 ISLE WAY AVENUE STUART, FL 34996	ADDRESS CHANGE: SELLIAN, EDWARD M. 3015 SE. ST. LUKIE BLVD. STUART, FL. 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYDELOTTE, TOM 528 ALICE STREET JENSEN BEACH, FL 34957	
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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 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:** W. Thomas Aydelotte **3/19/04** **772-223-3646**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  
**Tom Aydelotte**