


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # L01000013409 1. Entity Name TAES, LLC	
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Principal Place of Business 729 COLORADO AVE STUART, FL 34994	Mailing Address PO BOX 2393 STUART, FL 34995
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01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent AYDELOTTE, W. THOMAS 528 NE ALICE STREET STUART, FL 34996
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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, 2005**

1100000314546
04/18/05-80170-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SELLIAN, EDWARD M 3015 SE ST. LUCIE 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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DO NOT WRITE IN THIS SPACE

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 4/15/05 772 223 3646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #