

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000001083

1. Entity Name
TA MANAGEMENT LLC



FILED

05 MAY -2 AM 11: 08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

| | |
|---|--|
| Principal Place of Business 3435 NORTH OCEAN BLVD. GULFSTREAM, FL 33483 | Mailing Address C/O RICHARDS & POLANSKY, P.A. 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133 |
|---|--|



| | | | |
|--------------------------------|---------------------|---|--|
| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number 80-0037015 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | 50-00 |
| City & State | City & State | | |
| Zip | Country | Zip | Country |

04122005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

**WORLD CORPORATE SERVICES, INC.
2665 SOUTH BAYSHORE DR., STE. 703
MIAMI, FL 33133**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number Is Not Acceptable) _____
City _____ **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | ARCAINI, TONIO G.B. | |
| STREET ADDRESS | 3435 NORTH OCEAN BLVD. | |
| CITY-ST-ZIP | GULFSTREAM, FL 33483 | |

10. ADDITIONS / CHANGES

| | | |
|----------------|-------------------------------|---|
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 500054342255 | |
| CITY-ST-ZIP | 05/12/05--01078--002 **941.25 | |

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: *Tonio Arcaini*

4/19/05

(305) 858-9900

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

5/10/05