


## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 MAY -9 PM 12:02

SECRET  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L02000001083</b> 1. Entity Name <b>TA MANAGEMENT LLC</b>					
Principal Place of Business <b>3435 NORTH OCEAN BLVD. GULFSTREAM, FL 33483</b>			Mailing Address <b>C/O RICHARDS &amp; POLANSKY, P.A. 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133</b>		
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State		4. FET Number <b>80-0037015</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133</b>			7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable)  City		
Signature: _____ <small>Signature typed or printed name of registered agent and title if applicable</small>			Date: _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARCAINI, TONIO G.B. 3435 NORTH OCEAN BLVD. GULFSTREAM, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ <b>Tonio G.B. Arcaini</b>			Date: <b>4/17/06</b> (305) 858-9900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

JA



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