2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# L02000016425

Entity Name: T.A.N., LLC

Current Principal Place of Business:

226 NW 6TH AVENUE
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

NATHAN NEUMAN
21180 MAIN SAIL CIRCLE, B114
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 03-0469518 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEUMAN, NATHAN
21180 MAIN SAIL CIRCLE, B-114
AVENTURA, FL 33180 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	(X) Delete
Name:	DEUTSCH, TOMY	
Address:	20890 NE 30TH PLACE	
City-St-Zip:	AVENTURA, FL 33180 US	
Title:	MGRM	(X) Delete
Name:	LASKER, AMRIAM	
Address:	115 FOXWOOD DRIVE	
City-St-Zip:	JERICHO LI, NY 10103 US	
Title:	MGRM	( ) Delete
Name:	NEUMAN, NATHAN	
Address:	21180 MAIN SAIL CIR B-114	
City-St-Zip:	AVENTURA, FL 331803510	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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: NATHAN NEUMAN MGRM 04/10/2007

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