LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Feb 11, 2004 8:00 am DOCUMENT # 10200011181 **Secretary of State** 02-11-2004 90213 001 ****50.00 TA, LLC PATATATA DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE 4. FEI Number 55-080711 Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 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 familia the obligations of registered agent FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** President + MANAGERS V Chester Adamson 15 34 S. W. 53 No LANG Cape Coral, FL. 33914 9. CR2E083B (12/02) TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP City-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

MANAGER, OR AUTHORIZED REPRESENTATIV

limited liability company o

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