2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 20, 2004 8:00 am Secretary of State

DOCUN 1. Entity Name TARA GA					07-20-200 ₄	4 90055 002 ***	**50.00		
Principal Place 55 JASPER ST LARGO, FL 3	TREET, APARTMENT #16	Mailing Address 55 JASPER STREET, APARTMENT #16 LARGO, FL 33770				14026336			
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07142004	Chg-LLC	CR2E083 (10/0	3)	
City & State	3	City & State			4. FEI Number 16-1635			Applied For Not Applicable	
Zip	Country	Zip	Count	ry		5. Certificate of	of Status Desired	□ \$5.00 / Fee Requ	
	6. Name and Address of Current F	legistered Agent				_7Name and /	Address of New R	tegistered Agent	
STROUSE, JOHN 55 JASPER STREET, APARTMENT #16 LARGO, FL 33770				Name Street Address (P.O. Box Number is Not Acceptable)					
	,			City		FL 7			ode
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 Signsture, typed or privated name of registered agent and title if applicable.* Inc									* + * C _{* +} .); **(
Fil Due b	ing Fee is \$50.00 y September 8, 2004	k den		1. 15 A. 20		Make check payable to Floride Department of State			
9.	- MANAGING MEMBER	RS/MANAGERS	10.				-ADDITIONS	CHANGES	
TITLE F. NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNLEAVY, HARRY 16 PRICE ROAD AUGUSTA, NJ 07822	☐ Delete						☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete DUNLEAVY, MARY C 36 GLENN TERRACE NEWTON, NJ 07860		NAME STRE	NAME DA CITY-ST-ZIP AL		FRM NICAVY, PRICE K GUSTA,	MARY C LOAD NJ 07.	;. ⊠ Chang 8.82	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	en programme de la companya della companya della companya de la companya della co	□ Delete	3					Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NN .							☐ Chang	ge 🔲 Addition
TITLE . NAME STREET ADDRESS	t ·	☐ Delete	NAMI STRE					☐ Chan	ge Addition
CITY-ST-ZIP	<u> </u>			-ST-ZIP					1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	क्ष्माम्मम् व्यक्तिकृतः -१ - रोक्सः २४ -	Defete					\$ 4 ~.	Chang	ge 🗀 Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: May C. Dunleavy MARY C. DUNIE AUY 7/15/04 973-299-4205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Destroy Phone #

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Hachmod 14026336 L02000021171 DOCUMENT ! 1. Entity Name TARA GARDENS, L.L.C. Principal Place of Business Mailing Address 55 JASPER STREET, APARTMENT #16 55 Jasper Street. Apartment #16 **LARGO FL 33770** LARGO FL 33770 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 16-1635597 Not Applicable Ζiρ Country Zip . Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STROUSE JOHN. 55 JASPER STREET, APARTMENT #16 Street Address (P.O. Box Number is Not Acceptable) LARGO FL 33770 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM ☐ Addition TLE ☐ Delete TITLE HARRY DUNLEAVY AME NAME 16 PRICE ROAD STREET ADDRESS TREET ADDRESS TY-ST-ZIP AUGUSTA, NJ 07822 CITY-ST-ZIP MERM MARY C. DUNLEAVY 16 PRICE ROAD MGRM ſLΕ ☐ Delete TITLE Change Addition MARY C. Schulze ME NAME 36 GLENN TERRACE REET ADDRESS STREET ADDRESS NEWTON, NJ07860 IY-ST-ZIP CITY-ST-ZIP AUQUSTA, NJ 078AQ LE Delete ☐ Addition TILLE ☐ Change ME NAME STREET ADDRESS IFFT ADDRESS CITY-ST-ZIP Y-ST-ZIP ☐ Change Addition £ ☐ Delete TITLE NAME Æ STREET ADDRESS EET ADDRESS CITY-ST-7IP /-ST-ZIP Addition Delete ☐ Change E TITLE NAME ſΕ STREET ADDRESS **ET ADDRESS** -ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TILE NAME Ε ET ADDRESS STREET ADDRESS CITY-ST-ZIP -ST-ZIP 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.