2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025744

Entity Name
 JOHNATHAN TALLY, L.L.C.



FILED Apr 17, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1225 WHITE HALL PLACE STE. 200 SARASOTA, FL 34242 1225 WHITE HALL PLACE STE. 200 Sarasota, FL 34242



DO NOT WRITE IN THIS SPACE

04122006No Chg-LLC CR2E083 (11/05)

4. FEI Number 74-3063895 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

SAPP, SUZANNE R 1225 WHITE HALL PLACE STE. 200 SARASOTA, FL 34242

SIGNATURE:

SIGNATURE AND TY

DO NOT WRITE IN THIS SPACE

		,]		, , , ,
8. The above the obligat	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registere	d office or registered agent, or both, in the Stat	te of Fforida. I am familiar with, and accept
SIGNATURE_				
	Signature, typed or printed name of registered agent and this if applicable.	(NOTE, Registered	Agent signature required when reinstalling)	DATE
Fi D	iling Fee is \$50.00 lue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			- <u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAPP, TIMOTHY J 1225 WHITE HALL PLACE STE. 200 SARASOTA, FL 34242		un 04/29	0000515689 1706-80219-022 50_00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAPP, SUZANNE R 1225 WHITE HALL PLACE STE. 200 SARASOTA, FL 34242		· · - · ·	
TITLE NAME STREET ADDRESS CUTY-ST-TIP			DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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.

ITED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE