

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029150

Entity Name: TAMCO, L.L.C.

FILED  
May 01, 2006  
Secretary of State

**Current Principal Place of Business:**

2700 W ATLANTIC BLVD  
234-248  
POMPAN0 BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 420059  
KISSIMMEE, FL 34742

**New Mailing Address:**

FEI Number: 06-1642858      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NAPIER, VANCE  
2700 W ATLANTIC BLVD  
234-248  
POMPAN0 BEACH, FL 33069 US

**Name and Address of New Registered Agent:**

NAPIER, VANCE  
105 PINE TOP LANE  
KISSIMMEE, FL 34758 US

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:

05/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NAPIER, VANCE E MGR  
Address: BOX 420059  
City-St-Zip: KISSIMMEE, FL 34742 US

Title: MGR ( ) Delete  
Name: NAPIER, DEBRA R MGR  
Address: BOX 420059  
City-St-Zip: KISSIMMEE, FL 34742 US

**ADDITIONS/CHANGES:**

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: VANCE NAPIER

MGR

05/01/2006

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