

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033548

Entity Name: A MAN'S TALE, LLC

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

3305 OLDE WHARF RUN
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

3305 OLDE WHARF RUN
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 42-1564281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAN ANDREAS, DISCO
515 E HARWOOD ST
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

SAN ANDREAS, DISCO
2820 HAMBLETON AVE
ORLANDO, FL 32810 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:

04/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TUSCANI, ROBERT
Address: 3305 OLDE WHARF RUN
City-St-Zip: WINTER PARK, FL 32792

Title: MGR () Delete
Name: SAN ANDREAS, DISCO
Address: 515 E HARWOOD ST
City-St-Zip: ORLANDO, FL 32803

Title: MGR () Delete
Name: BRANDBO, KATHRYN
Address: 400 E. HILLCREST STREET
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SAN ANDREAS, DISCO
Address: 2820 HAMBLETON AVE
City-St-Zip: ORLANDO, FL 32810

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: DISCO SAN ANDREAS

VP

04/26/2006

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