

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034713

**FILED**  
**Apr 03, 2007**  
**Secretary of State**

**Entity Name:** TATEISHI ENTERPRISES, LLC

**Current Principal Place of Business:**

6603 TANGLEWOOD BAY DR., APT. 1209  
ORLANDO, FL 32821

**New Principal Place of Business:**

5025 GOUCHER LN  
ORLANDO, FL 32821

**Current Mailing Address:**

6603 TANGLEWOOD BAY DR., APT. 1209  
ORLANDO, FL 32821

**New Mailing Address:**

5025 GOUCHER LN  
ORLANDO, FL 32821

**FEI Number:** 51-0439924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CROUSE, RICHARD B  
C/O GVC FINANCIAL INC.  
978 DOUGLAS AVE., #102  
ALTAMONTE SPRINGS, FL 32714 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TATEISHI, SHIGERU  
Address: 6603 TANGLEWOOD BAY DR 1209  
City-St-Zip: ORLANDO, FL 32821 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TATEISHI, SHIGERU  
Address: 5025 GOUCHER LN  
City-St-Zip: ORLANDO, FL 32821 US

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:** SHIGERU TATEISHI

MGRM

04/03/2007

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