DOCUMENT # L03000003038 TACKU INVESTMENTS LLC   02-28-2005 9004     Principal Place of Business TACKU INVESTMENTS LLC   02-28-2005 9004     Principal Place of Business NORTH MIAM, FL 33181   Mailing Address TASS KEYSTONE ISLAND DR. NORTH MIAM, FL 33181   20016019     DO NOT WRITE IN THIS SPACE   01182005 No Chg-LLC   CF     Image: Status Desired   01182005 No Chg-LLC   CF     Image: Status Desired   01182005 No Chg-LLC   CF     Image: Status Desired   000 NOT WRITE   01182005 No Chg-LLC   CF     Image: Status Desired   000 NOT WRITE   000 NOT WRITE   000 NOT WRITE     TAKO, JACQUELINE 12455 KEYSTONE ISLAND DR. NORTH MIAMI, FL 33181   DO NOT WRITE   DO NOT WRITE     StGNATURE   DO NOT WRITE   DO NOT WRITE   DO NOT WRITE     StGNATURE   MGR   MGR   MGR   MGR   MGR   MGR     TAKO, ACQUELINE 12455 KEYSTONE ISLAND DR. NORTH MIAMI, FL 33181   DOTE Registered agent, or both, in the State of Florida. I   DO     StGNATURE   MGR	1. Entity Name				FILED Feb 28, 2005 8:00 Secretary of Stat	
12455 KEYSTONE EJAND DR.   12455 KEYSTONE EJAND DR.   20016019     NORTH MIAM, FL 33181   1182005No Chg-LLC   Cf     DO NOT WRITE IN THIS SPACE   1182005No Chg-LLC   Cf     1. heame and Address of Current Registered Agent   1182005No Chg-LLC   Cf     TAKO, JACQUELINE   12455 KEYSTONE SLAND DR.   DO NOT WRITE   DO NOT WRITE     12455 KEYSTONE SLAND DR.   DO NOT WRITE   DO NOT WRITE   DO NOT WRITE     12455 KEYSTONE SLAND DR.   DO NOT WRITE   DO NOT WRITE   DO NOT WRITE     12455 KEYSTONE SLAND DR.   DO NOT WRITE   DO NOT WRITE   DO NOT WRITE     12455 KEYSTONE SLAND DR.   DO NOT WRITE   IN THIS SPACE   DO NOT WRITE     12455 KEYSTONE SLAND DR.   DO NOT WRITE   IN THIS SPACE   DO NOT WRITE     12455 KEYSTONE SLAND DR.   DOTE House of registered agent.   DO NOT WRITE   DO NOT WRITE     SIGNATURE   TAKO, JACQUELINE   DO NOT WRITE   DO NOT WRITE   DO NOT WRITE     New TAKO, JACQUELINE   TAKO, JACQUELINE   DO NOT WRITE   DO NOT WRITE     New TAKO, JACQUELINE   TAKO, JACQUELINE   DO NOT WRITE   DO NOT WRITE     New TAKO, JACQUELINE   TAKO, JACQUELINE <td< th=""><th>02-28-2005 90041 005 ****50.00</th></td<>					02-28-2005 90041 005 ****50.00	
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	D	O NOT WRITE	IN THIS SPA		4. FEI Number Applie	
TAKO, JACQUELINE 12455 KEYSTONE ISLAND DR. NORTH MIAMI, FL 33181   DO NOT WRIT IN THIS SPACE     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 the obligations of registered agent.   DO NOT WRIT IN THIS SPACE     SIGNATURE   Brotena, typed or printer of inglatered agent and the if applicate.   MCTE Registered agent ingrature required even infinitiating)   D     Filling Fee is \$50.00 Due by May 1, 2005   MANAGING MEMBERS/MANAGERS   ODTE Registered agent ingrature required even infinitiating)   D     Filling Fee is \$50.00 Due by May 1, 2005   MANAGING MEMBERS/MANAGERS   ODTE Registered agent ingrature required even infinitiating)   D     Filling Fee is \$50.00 Due by May 1, 2005   MANAGING MEMBERS/MANAGERS   D   D     TILE INVE   MGR TAKO, ACQUELINE SITERT MORES GIT -51-2P   MORTH MIAMI, FL 33181   DO NOTT WRIT IN THIS SPACE     TILE INVE   MGR SITERT MORESS GIT -51-2P   DO NOTT WRIT IN THIS SPACE   DO NOTT WRIT IN THIS SPACE     TILE INVE   MGR SITERT MORESS GIT -51-2P   THE MORESS GIT -51-2P   DO NOT WRIT IN THIS SPACE     TILE INVE   SITERT MORESS GIT -51-2P   SITER MORESSITE SITER MORESS   SITER MORESSITE SITER MORESSITE SI					EE OO Addition	
Bigetarian speet or political registered agent and the Tappicable.     SiGNATURE     Signature, typed or political registered agent and the Tappicable.     INTER Procests \$50.00     Due by May 1, 2005     B.     MANAGING MEMBERS/MANAGERS     TILE   MGR     NANAGING MEMBERS/MANAGERS     TILE   MGR     NORTH MIAMI, FL 33181     TILE   MGR     TAKO, JACQUELINE   STRET ADDRS     CITY-ST-2P   NORTH MIAMI, FL 33181     TILE   NORT MIAMI, FL 33181     TILE   NORT MIAMI, FL 33181     TILE   NORT MIAMI, FL 33181     TILE   NORTH MIAMI, FL 33181     TILE   NORT WRIT     NME   STRET ADDRSS     CITY-ST-2P   DO NOT WRIT     INLE   NAME     STRET ADDRSS   THIS SPACE     CITY-ST-2P   TILE     NAME   STRET ADDRSS     CITY-ST-2P   TILE     NAME   STRET ADDRSS     CITY-ST-2P   TILE     TILE   NAME	12455 KEY	QUELINE STONE ISLAND DR.	(ABISFold ARour		DO NOT WRITE IN THIS SPACE	
NAKE   TAKO, REUVEN     STREET ADDRESS   12455 KEYSTONE ISLAND DR.     CITY-ST-2P   NORTH MIAMI, FL 33181     TITLE   MGR     NAKE   12455 KEYSTONE ISLAND DR.     STREET ADDRESS   12455 KEYSTONE ISLAND DR.     CITY-ST-2P   NORTH MIAMI, FL 33181     TITLE   MGR     NAKE   STREET ADDRESS     STREET ADDRESS   CITY-ST-2P     NORTH MIAMI, FL 33181   DO NOT WRITHING     TITLE   NORTH MIAMI, FL 33181     TITLE   NAKE     STREET ADDRESS   CITY-ST-2P     TITLE   NAKE     <	Fil	ling Fee is \$50.00	ind the if applicable. (NOTE: Register	red Agent signature required	when reinstating) DATE	
NAME   TAKO, JACQUELINE     STREET ADDRESS   12455 KEYSTONE ISLAND DR.     CITY-ST-2P   NORTH MIAMI, FL 33181     TTLE   NAME     STREET ADDRESS   DO NOT WRI     ITILE   IN THIS SPACE     NAME   IN THIS SPACE     STREET ADDRESS   IN THIS SPACE     CITY-ST-2P   IN THIS SPACE     ITILE   IN THIS SPACE <th>Fil Du 9.</th> <th>ling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBEI</th> <th></th> <th>red Agent aignature required</th> <th>I when reinstating) DATE</th>	Fil Du 9.	ling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBEI		red Agent aignature required	I when reinstating) DATE	
NAME     STREET ADDRESS     CITY - ST - ZIP     TITLE     NAME     STREET ADDRESS     CITY - ST - ZIP     TITLE     NAME     STREET ADDRESS     CITY - ST - ZIP     TITLE     NAME     STREET ADDRESS     CITY - ST - ZIP     TITLE     NAME     STREET ADDRESS     CITY - ST - ZIP     TITLE     NAME     STREET ADDRESS     CITY - ST - ZIP     TITLE     NAME     STREET ADDRESS     CITY - ST - ZIP     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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 m	9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR TAKO, REUVEN 12455 KEYSTONE ISLAND DR.		red Agent Mgnature required	when reinstating) DATE	
NAME     STREET ADDRESS     CITY-ST-ZIP     TITLE     NAME     STREET ADDRESS     CITY-ST-ZIP     TIT. 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 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 m	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBEI MANAGING MEMBEI MGR TAKO, REUVEN 12455 KEYSTONE ISLAND DR. NORTH MIAMI, FL 33181 MGR TAKO, JACQUELINE 12455 KEYSTONE ISLAND DR.		red Agent signature required	I when reinstating) DATE	
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11. 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 furthe 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 m limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBEI MANAGING MEMBEI MGR TAKO, REUVEN 12455 KEYSTONE ISLAND DR. NORTH MIAMI, FL 33181 MGR TAKO, JACQUELINE 12455 KEYSTONE ISLAND DR.			DO NOT WRITE	
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