## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## **DOCUMENT # L03000007538**

1. Entity Name
TAO SUN PUBLISHING LLC



FILED Sep 06, 2005 08:00 AM Secretary of State

Principal Place of Business

405 RIDGEWOOD ST. ALTAMONTE SPRINGS, FL 32701 Mailing Address

405 RIDGEWOOD ST.

ALTAMONTE SPRINGS, FL 32701



05082005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1181518 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Devtime Phone #

6. Name and Address of Current Registered Agent

BERMAN, MAXINE 405 RIDGEWOOD ST. ALTAMONTE SPRINGS, FL 32701

## DO NOT WRITE IN THIS SPACE

| \$. 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 am familiar with, and accept the obligations of registered agent.  |  |   |  |
|---|--|---|--|
| SIGNATURE.  | Signeture, typed or printed name of registered agent and talle if applicable | (NOTE. Registered Agent signature required when reinstalling) | DATE   |
| Filing Fee is \$50.00<br>Due by September 7, 2005   |  |   |  |
| 9.  | MANAGING MEMBERS/MANAGERS  |   | The second secon |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>BERMAN, MAXINE<br>405 RIDGEWOOD ST<br>ALTAMONTE SPRINGS, FL 32701     |   | ມ <b>າກັດດິທຸລ7775</b> 7<br>99/ <b>07/05-80015-</b> ດິທຸ <b>ລ 5.</b> ພຸດ   |
| TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP  |  |   | 000000377767<br>09/07/05-80015-002 50.00   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | DO  | NOT WRITE  |
| TITLE NAME STREET ACCRESS CITY-ST-ZIP   |  | IN 7  | HIS 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 exemption stated in Section 119.07(3)(i), Flortda 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. |  |   |  |