

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008059

FILED  
May 01, 2005  
Secretary of State

Entity Name: TAG MANAGEMENT LLC

**Current Principal Place of Business:**

PO BOX 273837  
BOCA RATON, FL 33427

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 273837  
BOCA RATON, FL 33427

**New Mailing Address:**

FEI Number: 20-0187129      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:**

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

CORPORATE CREATIONS NETWORK INC.  
941 FOURTH STREET  
MIAMI BEACH, FL 33139      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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: GARGIULO, ANNA D  
Address: PO BOX 273837  
City-St-Zip: BOCA RATON, FL 33427

Title: MGR      ( ) Delete  
Name: GARGIULO, ANTHONY P  
Address: PO BOX 273837  
City-St-Zip: BOCA RATON, FL 33427

**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 Section 119.07(3)(i), 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: ANNA GARGIULO

MGR

05/01/2005

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