

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 05, 2005  
Secretary of State**

DOCUMENT# L03000009893

Entity Name: TALDONE INVESTMENTS, LLC

**Current Principal Place of Business:**

1113 TUPELO WAY  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

1113 TUPELO WAY  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 30-0159232      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:**

EXECUTIVE PLANNING, LLC  
17600 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160      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:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: TALDONE, CLAUDIA  
Address: 1113 TUPELO WAY  
City-St-Zip: WESTON, FL 33327

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

Title: MGRM      ( ) Delete  
Name: TALDONE, EVELIA  
Address: 1113 TUPELO WAY  
City-St-Zip: WESTON, FL 33327

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: CLAUDIA TALDONE

MGRM

05/05/2005

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