


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000011446 1. Entity Name TALLY HO, L.L.C.	
----------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 7402 NORTH 56TH ST., #902 TAMPA, FL 33617 US	Mailing Address 7402 NORTH 56TH ST. SUITE 902 TAMPA, FL 33617 US
--------------------------------------------------------------------------------	---------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



04202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0776581	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NELSON, G. MICHAEL 718 W. MLK BOULEVARD SUITE 200 TAMPA, FL 33603

**DO NOT WRITE
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 am familiar with, and accept the obligations of registered agent.

SIGNATURE: Scott R. Sohl 4/20/06 813-984-9223
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOHL, SCOTT 7815 BULLARA DR. TEMPLE TERRACE, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOHL, RICHELLE 7815 BULLARA DR. TEMPLE TERRACE, FL 33637
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	

100000533060
05/06/06-80106-017 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida 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.

SIGNATURE: Scott R. Sohl 4/20/06 813-984-9223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #