, 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 05, 2006 08:00 AM — Secretary of State

DOCUMENT # L03000016140	
1. Entity Name	
T.A.D., LLC	



Principal Place of Business

1218 PARK AVENUE ORANGE PARK, FL 32073

Mailing Address

1218 PARK AVENUE

ORANGE PARK, FL 32073

US



DO NOT WRITE IN THIS SPACE

04262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 30-0171659

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

CAPLAN, HOWARD A ATTORNE 6260 DUPONT STATION COURT STE C JACKSONVILLE, FL 32217

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	The above named entity su the obligations of registerer	ement for th	e purpose o	f changing	its registere	d office or	registered a	gent, or both	n, in the Sta	te of Florida.	I am familiar wi	th, and accept
SI	SNATURE						<u> </u>			<u> </u>		-

(NOTE, Registered Agent signature required when reinstating)

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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY - SI - ZIP	MGR NORTH FLORIDA INVESTMENTS, LP 797 PEPPERVINE BLVD. JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARFIELD, STEVEN 2753 ESTATES LANE JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000563736 05/20/06-60025-005 50.00

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, A. -

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 digneture 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 manager and the execute this report as required by Chapter 609. Florida Statutes.

SIGNATURE:

GING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED

<u> 704 269-2437</u>