2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000019930

1. Entity Name

JOHNATHAN TALLY, LIMITED LIABILITY COMPANY



FILED Apr 17, 2006 08:00 AN Secretary of State

Principal Place of Business

1225 WHITEHALL PLACE

SUITE 200

SARASOTA, FL 34242

Mailing Address

1225 WHITEHALL PLACE

SUITE 200

SARASOTA, FL 34242



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04122006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 74-3063895

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

Fee Required

8. Name and Address of Current Registered Agent

SAPP, SUZANNE R 1225 WHITEHALL PLACE SUITE 200 SARASOTA, FL 34242

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			,		
	 named entity submits this statement for the purpose of chan tions of registered agent. 	nging its registere	a office or registered agent, or b	oth, in the State of Florida. I am familiar with, and	accept
SIGNATURE.			· · · · · · · · · · · · · · · · · · ·		
	Signature, typed or printed name of registered agent and late il applicable	(NOTE, Registered	Agent signature required when reinstating)	DATE	
D	lling Fee is \$50.00 ue by May 1, 2006				
9	MANAGING MEMBERS/MANAGERS				
title Name	MGR SAPP, TIMOTHY J				
STREET ADDRESS	1225 WHITEHALL PLACE, SUITE 200		•	U00000515680	
CITY-ST-ZIP	SARASOTA, FL 34242		_	1100000515680 04/29/06-80219-021 50.00	
TITLE	MGR				
NAME	SAPP, SUZANNE R				
STREET ADDRESS	1225 WHITEHALL PLACE, SUITE 200				
CITY-ST-ZIP	SARASOTA, FL 34242				
TITLE					

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STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 products are empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME

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

Daytime Phone #