

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020263

Entity Name: TAP INVESTMENTS, LLC

FILED
Apr 06, 2006
Secretary of State

Current Principal Place of Business:

8370 EXCALIBUR CIR. J6
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

8370 EXCALIBUR CIR. J6
NAPLES, FL 34108

New Mailing Address:

FEI Number: 26-0070784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, LANA J
8370 EXCALIBUR CIR. J6
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: CEO () Delete
Name: SULLIVAN, PAUL E
Address: 3585 PARIS PIKE
City-St-Zip: LEXINGTON, KY 40511

Title: P () Delete
Name: HILL, MICHAEL
Address: 6112 TOWNCENTER CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: ST () Delete
Name: HILL, AMY P
Address: 6112 TOWNCENTER CIRCLE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

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

Title: P (X) Change () Addition
Name: HILL, MICHAEL
Address: 7320 TOTEM AVENUE
City-St-Zip: NORTH PORT, FL 34286

Title: ST (X) Change () Addition
Name: HILL, AMY P
Address: 7320 TOTEM AVENUE
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL HILL

P

04/06/2006

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