


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90064 010 ****50.00

DOCUMENT # L03000022894	
Entity Name TAI CELL LLC	

Principal Place of Business 8601 NW 72ND STREET MIAMI, FL 33166	Mailing Address 8601 NW 72ND STREET MIAMI, FL 33166
--	--

2. Principal Place of Business 260 Crandon Blvd Suite, Apt. #, etc. SUITE 52	3. Mailing Address 260 Crandon Blvd Suite, Apt. #, etc. SUITE 52
--	--

City & State Key Biscayne FL	City & State Key Biscayne FL
Zip 33149	Country U.S.A

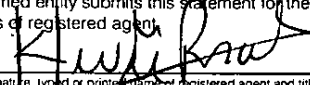
40003780



01122006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent	
ROSALES, KLEVER D SR 719 CRANDON BLVD. APT #410 KEY BISCAVNE, FL 33149	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 	DATE 1/12/06

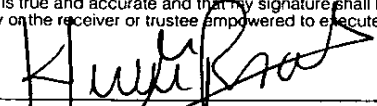
Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE MGRM	<input type="checkbox"/> Delete
NAME ROSALES, KLEVER D SR.	
STREET ADDRESS 719 CRANDON BLVD. APT#410	
CITY-ST-ZIP KEY BISCAVNE, FL 33149	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 	DATE	Daytime Phone #
--	-------------	------------------------