

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003502

FILED
Apr 30, 2008
Secretary of State

Entity Name: TUDOR TANASE LLC

Current Principal Place of Business:

5546 CABOT DR N
JACKSONVILLE, FL 32244 US

New Principal Place of Business:

1275 EUTAW PL
JACKSONVILLE, FL 32207 US

Current Mailing Address:

5546 CABOT DR N
JACKSONVILLE, FL 32244 US

New Mailing Address:

1275 EUTAW PL
JACKSONVILLE, FL 32207 US

FEI Number: 27-0076109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TANASE, TUDOR
5546 CABOT DR N
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

TANASE, TUDOR
1275 EUTAW PL
JACKSONVILLE, FL 32207 US

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: TUDOR TANASE

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TANASE, TUDOR
Address: 5546 CABOT DR N
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: MGR () Delete
Name: BOTA, LENUTA
Address: 5546 CABOT DR N
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TANASE, TUDOR
Address: 1275 EUTAW PL
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGR (X) Change () Addition
Name: BOTA, LENUTA
Address: 1275
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify 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: TUDOR TANASE

MGRM

04/30/2008

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