

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006669

Entity Name: 5936 TAFT, LLC

**FILED**  
**Apr 19, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

10450 LA REINA RD  
C/O DENISE J.K. SIMON  
DELRAY BEACH, FL 334462725

**Current Mailing Address:**

10540 LA REINA RD  
C/O DENISE J.K. SIMON  
DELRAY BEACH, FL 334462725

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**New Principal Place of Business:**

10450 LA REINA RD  
C/O RONALD SIMON  
DELRAY BEACH, FL 334462725

**New Mailing Address:**

10540 LA REINA RD  
C/O RONALD SIMON  
DELRAY BEACH, FL 334462725

**Name and Address of Current Registered Agent:**

SIMON, DENISE J  
10540 LA REINA RD  
DELRAY BEACH, FL 334462725 US

**Name and Address of New Registered Agent:**

SIMON, RONALD  
10540 LA REINA RD  
DELRAY BEACH, FL 334462725 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: RONALD SIMON

04/19/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SIMON, DENISE J  
Address: 10540 LA REINA RD  
City-St-Zip: DELRAY BEACH, FL 334462725

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SIMON, RONALD  
Address: 10540 LA REINA RD  
City-St-Zip: DELRAY BEACH, FL 334462725

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: RONALD SIMON

MGR

04/19/2008

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