FILED Apr 27, 2005 8:00 am Secretary of State

2005	LIMI I ED	LIABILI	HT CO	MYANT
	ANN	UAL REI	PORT	
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ANNUAL KEPUKI					Secretary of State					
DOCUMENT # L0400027909 1. Entity Name TAMARILLA INVESTMENTS, LLC					04-27-2005	•				
Principal Plac	o of Bucioss		Mailing Address	NA-TI Address		1				
Principal Place of Business		Mailing Address								
2453 EAGLE RUN DR Weston, Fl 33327		2453 EAGLE RUN DR								
WESTON, FL	33321		WESTON, FL 33327							
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2. Principal P	lace of Busin	ness	3. Mailing Address	3 Mailing Address						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			02022005	Chg-LLC	CR2E083	(10/03)		
City & State		City & State		4. FEI Number		24		olied For Applicable		
Zip		Country	Zip	Cour	ntry	5. Certificate of Status Desired S5.00 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent	L		7. Name and A	Address of New			
					Name					
SEARS, B.	ARBARA									
2453 EAG					Street Address (P.O. Box Number	is Not Acceptab	le)		
WESTON,	FL 3332	7						-		
					City			FL	Zip Code	,
	named entit		or the purpose of changing its	register	ed office or register	red agent, or both	, in the State of F		niliar with, a	and accept
and desinger	none or region	o ogo								
SIGNATURE	Signatura barad	or printed name of registered agent	and trie if equipment (NOT)	Bearing	ed Agent signature required	(when reinstated)		DATE		
	Segnatura, typeo	or busined usine or redittoren adeur	and the nappicable. (NO)	c. negistere	od Agent signature required	wien (einstating)		- DATE		
Filling Fee Is \$50.00 Due by May 1, 2005				į		ke check pay Ia Departmen				
9.	· ·	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS	CHANGES		
TITLE	MGRM		☐ Delete	TITE	E				Change	☐ Addition
NAME		ANG, JANICE M	2 55.616	NAM				_		
STREET ADDRESS				EET ADDRESS					}	
CITY-ST-ZIP	WESTON	, FL 33327		CITY	r+ST-ZIP					ĺ
TITLE	MGR		☐ Delete	ŤITL	E				Change	Addition
NAME	SEARS, BARBARA				Æ Í			_	_ ,	
STREET ADDRESS		SLE RUN DR		STR	EET ADDRESS					ľ
CITY-ST-ZIP	WESTON	, FL 33327		CITY	'-S1-ZIP					
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STREET ADDRESS				STR	EET ADDRESS					
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STREET ADDRESS				STR	EET ADDRESS					
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TITLE			☐ Delete	TITL	F				Change	☐ Addition
NAME			Diete.	NAN	l l			-		
STREET ADDRESS	}			STR	EET ADDRESS			•		l
CITY-ST-ZIP				CITY	r-ST-ZIP					
FITLE	1,00		☐ Delete	TITL	E				Change	Addition
NAME			- DOING	NAN	l l			_		
STREET ADDRESS	1				EET ADDRESS					
CITY-ST-ZIP	İ				-ST-ZIP					ł
	Certify that th	e information supplied with	this filing does not qualify to			action 119 07(3)(i)	Florida Statutes	I further cortilu	that the in	formation
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
	1 / / / / / / / / / / / / / / / / / / /									
SIGNATURE: (MIMICO-/6/1000) 4/22/05 (954) 385-2116										
SIGNATURE: TO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE MANAGER MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #										