


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90002 014 ****50.00

DOCUMENT # L04000031248	
1. Entity Name TAJ GRANITES, LLC	

Principal Place of Business 3949 E. HIBISCUS ST. WESTON, FL 33332	Mailing Address 3949 E. HIBISCUS ST. WESTON, FL 33332
---	---

2. Principal Place of Business 3330 SE Gran Parkway	3. Mailing Address 11406 Canyon Maple Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Stuart, FL	City & State Davie, FL
Zip 33330	Zip 33330
Country	Country

01272006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1081273	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent SAMUEL, SAJAN STEWARD 3949 E. HIBISCUS ST. WESTON, FL 33332
--

7. Name and Address of New Registered Agent Name Samuel, Sajon Steward Street Address (P.O. Box Number is Not Acceptable) 11406 Canyon Maple Dr City Davie FL Zip Code 33330
--

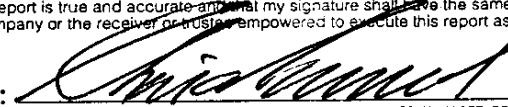
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMUEL, SAJAN STEWARD 3949 E. HIBISCUS ST. WESTON, FL 33332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Samuel, Sajon Steward 11406 Canyon Maple Blvd Davie, FL 33330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAMUEL, CHERIAN 3949 E. HIBISCUS ST. WESTON, FL 33332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Samuel, Cherian 11406 Canyon Maple Blvd Davie, FL 33330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAMUEL, SHEEBA 3949 E. HIBISCUS ST. WESTON, FL 33332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Samuel, Sheeba 11406 Canyon Maple Blvd Davie, FL 33330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAMUEL, SHIRLEY 3949 E. HIBISCUS ST. WESTON, FL 33332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Samuel, Shirley 11406 Canyon Maple Blvd Davie, FL 33330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:  3/04/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #