2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031248

Entity Name: TAJ GRANITES, LLC

Address:

City-St-Zip: DAVIE, FL 33330

11406 CANYON MAPLE BLVD

FILED Jun 19, 2007 Secretary of State

Current B	tringinal Place of Rucinocci	New Principal Place of Business	••	
	rincipal Place of Business:	New Philicipal Place of Business	··	
	GRAN PKWY , FL 33332			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	NYON MAPLE DR JDERDALE, FL 33330			
In accordan	: 20-1081273 FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the limited liability I Address of Current Registered Agent		e of Status Desired ()	
SAMUEL, SAMUEL 11406 CANYON MAPLE DR FORT LAUDERDALE, FL 33330 US		SAMUEL, CHERIAN 11406 CANYON MAPLE DR FORT LAUDERDALE, FL 33330	11406 CÁNYON MAPLE DR	
	e named entity submits this statement for the of Florida.	e purpose of changing its registered office or re	gistered agent, or both	
SIGNATURE: CHERIAN SAMUEL		06/	/19/2007	
	Electronic Signature of Registered	Agent D	ate	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	P () Delete SAMUEL, SAJAN STEWARD 11406 CANYON MAPLE BLVD DAVIE, FL 33330	Title: () Change () Name: Address: City-St-Zip:) Addition	
Title: Name: Address: City-St-Zip:	T () Delete SAMUEL, CHERIAN 11406 CANYON MAPLE BLVD DAVIE, FL 33330	Title: () Change () Name: Address: City-St-Zip:) Addition	
Title: Name: Address: City-St-Zip:	S () Delete SAMUEL, SHEEBA 11406 CANYON MAPLE BLVD DAVIE, FL 33330	Title: () Change () Name: Address: City-St-Zip:) Addition	
Title: Name:	MGR () Delete SAMUEL, SHIRLEY	Title: () Change() Name:) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: SAJAN SAMUEL P 06/19/2007