
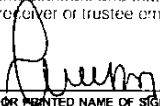


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90040 039 \*\*\*\*50.00

<b>DOCUMENT # L04000034021</b> 1. Entity Name <b>TARC, LLC</b>			
Principal Place of Business <b>5719 SW 42 TERRACE</b> <b>MIAMI, FL 33155 US</b>		Mailing Address <b>5719 SW 42 TERRACE</b> <b>MIAMI, FL 33155 US</b>	
2. Principal Place of Business <b>3955 S.W. 59 AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>3955 S.W. 59 AVE</b> Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b> Zip <b>33155</b> Country		City & State <b>MIAMI, FL</b> Zip <b>33155</b> Country	
		4. FEI Number <b>01-0813065</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FERNANDEZ, CONSUELO C ESQ.</b> <b>9415 SUNSET DRIVE</b> <b>SUITE 200</b> <b>MIAMI, FL 33173</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 reissuing) DATE _____			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	RODRIGUEZ, ALBA M	NAME	<b>3955 S.W. 59 AVE</b>
STREET ADDRESS	<b>5719 SW 42 TERRACE</b>	STREET ADDRESS	<b>MIAMI, FL</b>
CITY-ST-ZIP	<b>MIAMI, FL 33155</b>	CITY-ST-ZIP	<b>33155</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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.			
<b>SIGNATURE:</b> 		<b>7/12/06</b> <b>305-9653650</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	