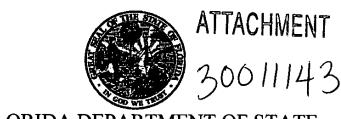
## FILED Sep 12, 2005 8:00 am Secretary of State 04-29-2005 90035 019 \*\*\*\*50.00

DOCUN 1. Entity Name ELIAS TAI											
Principal Place of Business S55 S.W. 12TH AVENUE, SUITE 101 POMPANO BEACH, FL 33069			Mailing Address 555 S.W. 12TH AVENUE, SUITE 101 POMPANO BEACH, FL 33069				30011143				
Principal Place of Business			3. Mailing Address			$\dashv$					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			$\dashv$	01142005	Chg-LLC	CR26	E <b>083</b> (10/03)	
City & State			City & State				4. FEI Numb	06414	15		oplied For Applicable
Zio	Zip Country		Do Country			Certificate of Status Desired     S. Certificate of Status Desired     S. Certificate of Status Desired     S. Certificate of Status Desired					
	0. Hame	and Address of Current F	legistered Agent		Name		7. Name sn	d Address of No	w Registere	d Agent	
	UNE RO	AD, SUITE 404	•	<u> </u>			(P.O. Box Number is Not Acceptable)				
CORAL GABLES, FL 33134			r.		i					······································	
			F- 1		City				F	-Zlp Cod	5
FI	ling Fee	is \$80.00 y 1, 2005	PATE: Pappained Agent styrature veguns			+0.520	Make check payable to Florida Department of State				
9.		MANAGING MEMBE	RS/MANAGERS	10.				ADDITIO	NS/CHANG!	ES	
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TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete		- Ł					Change	☐ Addition
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TITLE HAAR STREET ADDRESS CITY - ST - ZP			□ Deleta ,		· .		-		-	□ (Xarga	Addition .
indicated	i an this rep	ort is true and accurate and	this faing does not qualify for that my signature shall have a empowered to execute this	the sam	e legal affact o	es V m	ade under oat	h; thealann a m	tes. I further c anaging mem	entily that the in ber or manage	nformation of of the
SIGNATURE: SIGNATURE: SIGNATURE AND THYSE OR PROPERTY HAND CONTROL OF MATHEMATING DEED CONTROL OF C											



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

June 7, 2005

ELIAS TAPLIN, LLC 555 S.W. 12TH AVENUE, SUITE 101 POMPANO BEACH, FL 33069

Subject: ELIAS TAPLIN, LLC

Reference Number:

L04000050090

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/SC ANNUAL REPORTS SECTION

RECEIVED JUN 1.1 2005