

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 24 AM 10:53

DOCUMENT # L04000052048

1. Entity Name
TABOAS #1 LLC



Principal Place of Business
200S BISCAYNE BLVD. 500 A
MIAMI, FL 33131-5351

Mailing Address
200S BISCAYNE BLVD. 500 A
MIAMI, FL 33131-5351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-1389506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TABOS, JUAN A
200S BISCAYNE BLVD. 500 A
MIAMI, FL 33131-5351

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME TABOAS, JUAN A
STREET ADDRESS 200S BISCAYNE BLVD. 500 A
CITY-ST-ZIP MIAMI, FL 331315351

TITLE ☐ Change ☐ Addition
NAME 800055176358
STREET ADDRESS 05/24/05--01022--001 **1500.00
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME SMITH, LUIS
STREET ADDRESS 200S BISCAYNE BLVD. 500 A
CITY-ST-ZIP MIAMI, FL 331315351

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #