## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000053869

TAVÁRES PROPERTIES, LLC



**FILED** Jan 14, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1401 E. BROWARD BLVD. SUITE 206

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FT. LAUDERDALE, FL 33301

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01042008 No Chg-LLC

CR2E083 (12/07)

4. FEt Number 20-1395786		Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HERMAN, BRUCE 1401 E. BROWARD BLVD., **SUITE 206** 

NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE

FT. LAUDERDALE, FL 33301		IIN	IN THIS SPACE			
	named entity submits this statement for the purpose of chang tions of registered agent.	l ging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept			
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Appnt signature required when reinstating)	DATE			
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERMAN, BRUCE 1401 E. BROWARD BLVD., SUITE 206 FT. LAUDERDALE, FL 33301					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOOSER, RODGER 104 SE 8TH AVENUE FT. LAUDERDALE, FL 33301		U00000782714 01/15/08-80085-006 616.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE		1				

11. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

/4/08

954-462-7806

Daytime Phone #