

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054481

FILED
Apr 18, 2005
Secretary of State

Entity Name: TAVLAN, L.L.C.

Current Principal Place of Business:

200 S. OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

200 S. OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOWELL, SIDNEY M ESQ
1102 E. MOODY BLVD.
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: TAVOLACCI, LAUREEN
Address: 32 MAGNOLIA COURT
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR () Delete
Name: TAVOLACCI, JOSEPH
Address: 32 MAGNOLIA COURT
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR () Delete
Name: TAVOLACCI, MARIE
Address: 32 MAGNOLIA COURT
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR () Delete
Name: TAVOLACCI, JOSEPH SR
Address: 4 CHESTNUT COURT
City-St-Zip: PALM BEACH, FL 32137

Title: MGR () Delete
Name: LANTINEN, RICHARD
Address: 14 FARMDALE LANE
City-St-Zip: PALM COAST, FL 32137

Title: MGR () Delete
Name: LANTINEN, KATHLEEN
Address: 14 FARMDALE LANE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JOSEPH TAVOLACCI

P

04/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date