

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000066782**

**1. Entity Name**  
**TANTI INVESTMENT, LLC**



**Principal Place of Business**  
**8545 NW 29 STREET**  
**DORAL, FL 33122**

**Mailing Address**  
**8545 NW 29 STREET**  
**DORAL, FL 33122**



04182007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**20-1640844**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PEREZ, JUAN F**  
**8545 NW 29 STREET**  
**DORAL, FL 33122**

**DO NOT WRITE  
IN THIS SPACE**

**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, 2007**

000000723533  
05/02/07-80074-009 50.00

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**MGR**  
**PEREZ, JUAN F**  
**8545 NW 29 STREET**  
**DORAL, FL 33122**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**MGR**  
**PEREZ, MARIA E**  
**8545 NW 29 STREET**  
**DORAL, FL 33122**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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.**

**SIGNATURE:**

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

4/18/2007 (305) 471-9888

Date

Daytime Phone #