

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077429

Entity Name: TAVIA HOLDINGS LLC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

17422 S.W. 33RD STREET
MIRAMAR, FL 33029

New Principal Place of Business:

Current Mailing Address:

17422 S.W. 33RD STREET
MIRAMAR, FL 33029

New Mailing Address:

FEI Number: 65-1235541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, GEORGIA
3500 N. STATE ROAD 7, SUITE 437
ROBINSON & ASSOCIATES P.A.
FORT LAUDERDALE, FL 33319 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: MGRM () Delete
Name: BOWEN, JERMAINE
Address: 805 HARBOR POINT WAY
City-St-Zip: GREEN ACRES, FL 33413

Title: MGRM () Delete
Name: HAMILTON, JOSEPH
Address: 17422 S.W. 33RD STREET
City-St-Zip: MIRAMAR, FL 33029

Title: MGRM () Delete
Name: WASHINGTON WEBB, ORTLEY
Address: 73 ASHFIELD ROUND SOUTHGATE
City-St-Zip: N14 LONDON ENGLAND,

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:

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: JERMAINE BOWEN

MGRM

04/29/2005

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