

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

2006 APR 25 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000081479

1. Entity Name
TALCOR TENNESSEE SQUARE, LLC



Principal Place of Business
1018 THOMASVILLE ROAD, SUITE 200-A
TALLAHASSEE, FL 32303

Mailing Address
1018 THOMASVILLE ROAD, SUITE 200-A
TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

04212006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1861802

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, E. EDWARD JR.
1018 THOMASVILLE ROAD, SUITE 200-A
TALLAHASSEE, FL 32303

**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 reissuing) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MURRAY, E. EDWARD JR.
1018 THOMASVILLE ROAD, SUITE 200-A
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LANGSTON, FRANK L
1018 THOMASVILLE RD, STE 200-A
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JACKSON, RICHARD R
1018 THOMASVILLE RD, STE 200-A
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000073400940
05/01/06--01015--012 **\$5.00

**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

4/21/06 850-224-2300
Date Daytime Phone #

E. Edward Murray, Jr