


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000081479 1. Entity Name TALCOR TENNESSEE SQUARE, LLC	
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Principal Place of Business 1018 THOMASVILLE ROAD, SUITE 200-A TALLAHASSEE, FL 32303	Mailing Address 1018 THOMASVILLE ROAD, SUITE 200-A TALLAHASSEE, FL 32303
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DO NOT WRITE IN THIS SPACE



04022007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1861802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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	
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05/16/07-80045-023 50.00

**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: _____ **4/25/07** **850-224-2300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #