

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000484

FILED
Jan 12, 2006
Secretary of State

Entity Name: TAYAND INVESTMENT GROUP, LLC

Current Principal Place of Business:

100 E. LINTON BLVD., SUITE 506-B
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

100 E. LINTON BLVD., SUITE 506-B
DELRAY BEACH, FL 33483

New Mailing Address:

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

Name and Address of Current Registered Agent:

BEALE, DAVID A
355 N.E. 5TH AVENUE, SUITE 1
DELRAY BEACH, FL 33483 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/MANAGERS:

Title: MGRM () Delete
Name: ANDERSON, DONOVAN
Address: 100 E. LINTON BLVD., SUITE 506-B
City-St-Zip: DELRAY BEACH, FL 33483

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: ANDERSON, DONOVAN
Address: 9811 SALTWATER CREEK CT
City-St-Zip: LAKE WORTH, FL 33467

Title: T () Change (X) Addition
Name: ANDERSON, ASHLEY S
Address: 18542 SW 55ST
City-St-Zip: MIRAMAR, FL 33029

Title: VP () Change (X) Addition
Name: ANDERSON, BEVERLY Y
Address: 9811 SALTWATER CREEK CT.,
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: D.ANDERSON

P

01/12/2006

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