

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002344

FILED  
Aug 16, 2006  
Secretary of State

**Entity Name:** TARQUINE AND ASSOCIATES, LLC

**Current Principal Place of Business:**

5572 N.W. 114 AVENUE  
COOPER CITY, FL 33330 US

**New Principal Place of Business:**

**Current Mailing Address:**

5572 N.W. 114 AVENUE  
COOPER CITY, FL 33330 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TARQUINE, HENRY E  
5572 N.W. 114 AVENUE  
COOPER CITY, FL 33330 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: TARQUINE, HENRY E  
Address: 5572 N.W. 114 AVENUE  
City-St-Zip: COOPER CITY, FL 33330 US

**ADDITIONS/CHANGES:**

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 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: HENRY E.TARQUINE

MGRM

08/16/2006

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