

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 26, 2006 8:00 am
Secretary of State

03-28-2006 90015 009 ****50.00

DOCUMENT # L08000008694

1. Entity Name
TAFELBERG ESTATES, LLC



Principal Place of Business
914 CURLEW ROAD #361
DUNEDIN FL 34698

Mailing Address
914 CURLEW ROAD #361
DUNEDIN FL 34698

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

75-3180592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BILOTTA, PATRICIA A
949 VIRGINIA ST.
DUNEDIN FL 34698

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 date of registration

NOTE: Registered Agent signature required when reappointing

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	PATTIN PROPERTIES INC	914 Curlew Rd, #361	Dunedin, FL 34698	☒ MANAGER
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 806, Florida Statutes.

SIGNATURE: Patricia A Bilotta, *Managing member* 3-21-06 727-542-8412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR OR AGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Signature Number