

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000009941**

1. Entity Name  
**TAG PARTNERS, L.L.C.**



Principal Place of Business  
**11277 54TH AVENUE NORTH  
SAINT PETERSBURG, FL 33708**

Mailing Address  
**11277 54TH AVENUE NORTH  
SAINT PETERSBURG, FL 33708**



01302007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2267990**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HAVENS, JASON E  
4400 EAST HIGHWAY 20  
SUITE 211  
NICEVILLE, FL 32578**

**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 reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FRY, GARY  
11277 54TH AVENUE NORTH  
SAINT PETERSBURG, FL 33708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FRY, THOMAS F  
11277 54TH AVENUE NORTH  
SAINT PETERSBURG, FL 33708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
INZERILLO, VINCENT  
465 SAND ROCK ROAD  
LEWISTOWN, PA 17044**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000817715  
02/07/07-80085-025 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: Gary Fry GARY FRY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**1/31/07**

Date

**727-542-7384**

Daytime Phone #