



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90255 016 ****50.00

DOCUMENT # L05000012949					
1. Entity Name TAO, LLC					
Principal Place of Business 404 S. NEWPORT AVENUE, SUITE 2 TAMPA, FL 33606			Mailing Address 404 S. NEWPORT AVENUE, SUITE 2 TAMPA, FL 33606		
2. Principal Place of Business - No P.O. Box # 4015 Bayshore Blvd.		3. Mailing Address 4015 Bayshore Blvd.			
Suite, Apt. #, etc. Ste. #9A		Suite, Apt. #, etc. Ste. #9A			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 20-2303754	
Zip 33611		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BASURTO, MARK A ESQ 220 S. FRANKLIN STREET TAMPA, FL 33602			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UDDIN, MEHDI Z 404 S NEWPORT AVE, # 2 TAMPA, FL 33606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Uddin, Mehdi Z. 4015 Bayshore Blvd., #9A Tampa, FL 33611	
	Delete <input type="checkbox"/>			Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
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	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: 			5/1/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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