

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013969

**FILED**  
**Jan 30, 2007**  
**Secretary of State**

**Entity Name:** TALMONT ENTERPRISES, LLC

**Current Principal Place of Business:**

701 SW 17TH STREET  
BOCA RATON, FL 33486

**New Principal Place of Business:**

265 SOUTH FEDERAL HIGHWAY  
#266  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

701 SW 17TH STREET  
BOCA RATON, FL 33486

**New Mailing Address:**

265 SOUTH FEDERAL HIGHWAY  
#266  
DEERFIELD BEACH, FL 33441

FEI Number: 01-0829534

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TALCOTT, LELAND H  
701 SW 17TH STREET  
BOCA RATON, FL 33486 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: MGR ( ) Delete  
Name: TALCOTT, LELAND H  
Address: 701 SW 17TH STREET  
City-St-Zip: BOCA RATON, FL 33486

Title: MGR ( ) Delete  
Name: MONTESANTO, JOHN  
Address: 13350 FOXMOOR TRAIL  
City-St-Zip: CHESTERLAND, OH 44026

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LELAND TALCOTT

MGR

01/30/2007

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