

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2008 APR -2 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03162008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000017130			
1. Entity Name TALLEYRAND PROPERTIES, LLC			
Principal Place of Business 965 NORTH NOB HILL ROAD #124 PLANTATION, FL 33324 US		Mailing Address 965 NORTH NOB HILL ROAD #124 PLANTATION, FL 33324 US	
2. Principal Place of Business - No P.O. Box # 13015 SW 89 Place		3. Mailing Address 13015 SW 89 Place	
Suite, Apt. #, etc. #171		Suite, Apt. #, etc. #171	
City & State Miami, FL		City & State Miami, FL	
Zip 33176	Country USA	Zip 33176	Country USA
4. FEI Number 20-2532796		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FARBSTEIN, BEN I 3111 STIRLING ROAD SUITE 307 FORT LAUDERDALE, FL 33312-6558		7. Name and Address of New Registered Agent Name TONJA JONES Street Address (P.O. Box Number is Not Acceptable) 18920 NW 27 AV. #205 City MIAMI FL Zip Code 33065	
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		DATE 16 MARCH 2008	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRERAS, ZINE 965 NORTH NOB HILL ROAD #124 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000120858660 03/20/08--01051--001 <input type="checkbox"/> Change <input type="checkbox"/> Addition **\$68.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000120858660 12/21/07--01014--006 <input type="checkbox"/> Change <input type="checkbox"/> Addition **\$35.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000120858660 02/07/08--01008--017 <input type="checkbox"/> Change <input type="checkbox"/> Addition **\$35.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	L. SELLERS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	APR - 4 2008 <input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 608, 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.		EXAMINER	
SIGNATURE:		3/16/08 (954) 709-2625	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	