


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90032 044 \*\*\*138.75

<b>DOCUMENT #</b> L05000026281	
1. Entity Name <b>TAMIAMI HOLDINGS LLC</b>	

Principal Place of Business <b>18001 OLD CUTLER RD SUITE 476 PALMETTO BAY, FL 33157</b>	Mailing Address <b>18001 OLD CUTLER RD SUITE 476 PALMETTO BAY, FL 33157</b>
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**60029531**



2. Principal Place of Business - No P.O. Box # <b>18955 SW 168 St</b>	3. Mailing Address <b>18955 SW 168 St</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04092008 Chg-LLC CR2E083 (12/06)

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33187</b>	Country <b>US</b>
Zip <b>33187</b>	Country <b>US</b>

4. FEI Number <b>52-2454881</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PRENDES, STELLA 18001 OLD CUTLER RD 476 PALMETTO BAY, FL 33157</b>	
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7. Name and Address of New Registered Agent Name <b>Stella Prendes</b> Street Address (P.O. Box Number is Not Acceptable) <b>18955 SW 168 St</b> City <b>Miami</b> FL Zip Code <b>33187</b>	
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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 <b>Stella Prendes</b>	<b>Stella Prendes</b>	<b>4/9/08</b>
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRENDES, STELLA M 18001 OLD CUTLER RD STE 476 PALMETTO BAY, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18955 SW 168 St</b> <b>Miami, FL 33187</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRENDES, ALEXANDER 18001 OLD CUTLER RD STE 476 PALMETTO BAY, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18955 SW 168 St</b> <b>Miami, FL 33187</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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 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: <b>Stella Prendes</b>	<b>Stella Prendes</b>	<b>4/9/08</b>	<b>(305) 234-3094</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>