


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000033341 1. Entity Name TALO, LLC	
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Principal Place of Business 1518 BLUE ROAD CORAL GABLES, FL 33146 US	Mailing Address 1518 BLUE ROAD CORAL GABLES, FL 33146 US
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DO NOT WRITE IN THIS SPACE



01182007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3474954	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 RODON-ALVAREZ, MARY LOU 2222 PONCE DE LEON BLVD. PENTHOUSE CORAL GABLES, FL 33134

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOZANO TABLADA, VIVIAN 1518 BLUE ROAD CORAL GABLES, FL 33146
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01/31/07-80015-000 50.00

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: <i>Vivian Tablada</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	VIVIAN LOZANO TABLADA 1/29/07 <small>Date</small>	<small>Daytime Phone #</small>
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