


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90031 037 ***138.75

DOCUMENT # L05000035817

1. Entity Name
TANNER TRUST, LLC



60037322



Principal Place of Business Mailing Address
2097 N. WATSEEDGE DRIVE- **2097 N. WATSEEDGE DRIVE-**
CRYSTAL RIVER, FL 34429 **CRYSTAL RIVER, FL 34429**

2. Principal Place of Business -No P.O. Bpx # 3. Mailing Address
10160 W Vide Ct **PO Box 1447**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Crystal River FL **Crystal River FL**
 Zip Country Zip Country
314 **31423** **31423** **Citrus**

04232008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-3319320 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

STILLWELL, CLARK A
320 U.S. HIGHWAY 41 SOUTH
INVERNESS, FL 34450

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 _____ DATE _____
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	MGR TANNER, ANTHONY 2097 N. WATSEEDGE DRIVE PO BOX 1447 CRYSTAL RIVER, FL 34429 31423	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TANNER, MARGLEN 2097 N. WATSEEDGE DRIVE PO BOX 1447 CRYSTAL RIVER, FL 34429 31423	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
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: M. L. G. TA, agent

4-30-08

352-746-4460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #