

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 13, 2007 8:00 am
Secretary of State

03-27-2007 90196 035 ****50.00

DOCUMENT # L05000042476 1. Entity Name TALLY LLC					
Principal Place of Business % QUIET TECHNOLOGY AEROSPACE, INC. 12845 NW 45TH AVENUE OPA LOCKA, FL 33054			Mailing Address % QUIET TECHNOLOGY AEROSPACE, INC. 12845 NW 45TH AVENUE OPA LOCKA, FL 33054		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
03122007 Chg-LLC CR2E083 (12/06)				4. FEI Number 75-3214296 Applied For ☒ APPLIED FOR ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE S.E. 3RD AVENUE 28TH FL MIAMI, FL 33131	
7. Name and Address of New Registered Agent 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 date if applicable) (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLANY, JEROME 1900 SUNSET HARBOUR DR 2012 MIAMI BEACH, FL 33139	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5959 COLLINS AVE, #703 MIAMI BEACH, FL 33140	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: <i>Polany</i> 3/22/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					