
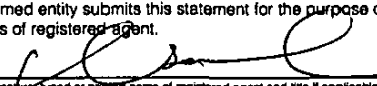
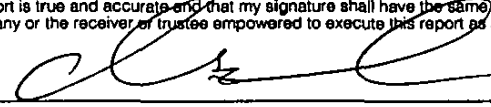


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2006 8:00 am
Secretary of State

08-10-2006 90043 003 ****55.00

DOCUMENT # L05000044348			
1. Entity Name TAO 2506, LLC			
Principal Place of Business 25 SW 198TH TERRACE PEMBROKE PINES, FL 33029		Mailing Address 25 SW 198TH TERRACE PEMBROKE PINES, FL 33029	
2. Principal Place of Business 255 SW 198 TERRACE		3. Mailing Address 255 SW 198 TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL	
Zip 33029	Country USA	Zip 33029	Country USA
4. FEI Number 451635251		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ASAD, ISSA 25 SW 198TH TERRACE PEMBROKE PINES, FL 33029		7. Name and Address of New Registered Agent Name ISSA ASAD Street Address (P.O. Box Number is Not Acceptable) 255 SW 198 TERRACE City PEMBROKE PINES FL Zip Code 33029	
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	
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ASAD, ISSA 25 SW 198TH TERRACE PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ASAD, ISSA 255 SW 198 TERRACE PEMBROKE PINES, FL, 33029 <input checked="" 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
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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: 		Date 8/8/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	