2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 03, 2007 08:00 A Secretary of State

	Soonotony of
DOCUMENT # L05000044348 1. Entity Name TAO 2506, LLC	Secretary of S
Principal Place of Business 255 SW 198TH TERRACE PEMBROKE PINES, FL 33029 Mailing Address 255 SW 198TH TERRACE PEMBROKE PINES, FL 33029 Mailing Address 255 SW 198TH TERRACE PEMBROKE PINES, FL 33029	
	05012007 No Chg-LLC CR2E083 (11/05)
DO NOT WRITE IN THIS SI	4. FEI Number Applied For Not Applied For S 5 00 Additional
	5. Certificate of Status Desired
ASAD, ISSA 255 SW 198TH TERRACE PEMBROKE PINES, FL 33029	DO NOT WRITE IN THIS SPACE
the obligations of registered agent. SIGNATURE	egistered office or registered agent, or both, in the State of Florida. If am familiar with, and accept Registered Agent signature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2007	U00000760259 05/25/07-80003-030 55.00
9. MANAGING MEMBERS/MANAGERS	3
TITLE MGRM NAME ASAD, ISSA STREET ADDRESS CITY-S1-ZIP PEMBROKE PINES, FL 33029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-51-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS	IN THIS SPACE

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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

Date

Daytime Phone #