

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045014

Entity Name: TANSA SYSTEMS, LLC

FILED
Jan 26, 2007
Secretary of State

Current Principal Place of Business:

8374 MARKET STREET
SUITE 185
LAKEWOOD RANCH, FL 34202

New Principal Place of Business:

Current Mailing Address:

8374 MARKET STREET
SUITE 185
LAKEWOOD RANCH, FL 34202

New Mailing Address:

FEI Number: 20-2797503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORLICK, MICHAEL D
1314 E. VENICE AVE.
SUITE D
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KROTO, MORTEN
Address: 8374 MARKET STREET, NO. 185
City-St-Zip: LAKEWOOD RANCH, FL 34202 US

Title: MGR () Delete
Name: HAANDLYKKEN, ANDREAS
Address: 8374 MARKET STREET, NO. 185
City-St-Zip: LAKEWOOD RANCH, FL 34202 US

Title: MGR () Delete
Name: LASZLO, ROBERT A
Address: 8374 MARKET STREET, NO. 185
City-St-Zip: LAKEWOOD RANCH, FL 34202 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT A. LASZLO

MGR

01/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date