

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045480

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** LUKE TARALLO ENTERPRISES LLC

**Current Principal Place of Business:**

6201 S INDIAN RIVER DR.  
FORT PIERCE, FL 34982 US

**New Principal Place of Business:**

**Current Mailing Address:**

6201 S INDIAN RIVER DR.  
FORT PIERCE, FL 34982 US

**New Mailing Address:**

FEI Number: 13-4302152      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

TARALLO, LUKE C  
6201 S. INDIAN RIVER DR.  
FORT PIERCE, FL 34982 US

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: TARALLO, LUKE C  
Address: 6201 S. INDIAN RIVER DR.  
City-St-Zip: FORT PIERCE, FL 34982 US

Title: MGR (X) Delete  
Name: DYON, MATTHEW S  
Address: 377 SW. LAKE FOREST WAY  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

**ADDITIONS/CHANGES:**

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: LUKE C. TARALLO

MGR

05/01/2006

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