

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 08, 2006  
Secretary of State**

DOCUMENT# L05000053535

Entity Name: TAS ACQUISITIONS, L.L.C.

**Current Principal Place of Business:**

1361 SCARLETT TRAIL  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

1361 SCARLETT TRAIL  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

FEI Number: 20-3055215      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:**

STAMPER, TRAVIS A  
1361 SCARLETT TRAIL  
NEW SMYRNA BEACH, FL 32168      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:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: STAMPER, TRAVIS A  
Address: 1361 SCARLETT TRAIL  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

Title: MGRM      ( ) Delete  
Name: STAMPER, KATHLEEN A  
Address: 1361 SCARLETT TRAIL  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: TRAVIS A. STAMPER

MGRM

05/08/2006

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