

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000057474

FILED
Aug 30, 2006
Secretary of State

Entity Name: TARA HOUSE DEVELOPERS, LLC

Current Principal Place of Business:

2101 WEST PLATT STREET
SUITE 200
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

2101 WEST PLATT STREET
SUITE 200
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 20-2973927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAINS, JOHN H III
501 EAST KENNEDY BOULEVARD
SUITE 750
TAMPA, FL 33602 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: LUM, JOHN
Address: 2101 WEST PLATT STREET, SUITE 200
City-St-Zip: TAMPA, FL 33606 US

Title: MGR () Delete
Name: GULUZIAN, ARAM
Address: 2101 WEST PLATT STREET, SUITE 200
City-St-Zip: TAMPA, FL 33606 US

Title: MGR (X) Delete
Name: ARENAS, BERNARD
Address: 14213 BANBURY WAY
City-St-Zip: TAMPA, FL 33606 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: SANDRA ALBEE, AUTHORIZED REPRESENTATIVE

AR

08/30/2006

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