


2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90423 006 \*\*\*\*50.00

DOCUMENT # <b>L05000058847</b>					
1. Entity Name <b>TELL, LLC.</b>					
Principal Place of Business 260 CRANDON BLVD APT 8 KEY BISCAVNE, FL 33149.			Mailing Address P.O. BOX 1373 KEY BISCAVNE, FL 33149		
2. Principal Place of Business - No P.O. Box # <b>1401 Brickell Ave</b> Suite, Apt. #, etc. <b>320</b>			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>Miami, FL</b>			City & State		
Zip <b>33131</b>		Country <b>US</b>		4. FEI Number	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>Auguri, LLC</b> 260 CRANDON BLVD #8 KEY BISCAVNE, FL 33149			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1401 Brickell Ave #320</b> City <b>MIAMI</b> FL Zip Code <b>33131</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><b>Hans Baumberger</b></u> DATE <b>4/26/07</b> <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Auguri, LLC</b> 260 CRANDON BLVD #8 KEY BISCAVNE, FL 33149	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1401 Brickell Ave #320</b> <b>MIAMI, FL 33131</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><b>Hans Baumberger</b></u>			DATE: <b>4/26/07</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		

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