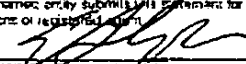
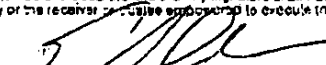


FILED
Jul 21, 2006 8:00 am
Secretary of State

07-06-2006 90137 014 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000068861			
1. Entity Name TATSI HOLDINGS, LLC			
Principal Place of Business 9291 GLADES ROAD SUITE 301 BOCA RATON FL 33434		Mailing Address 9291 GLADES ROAD SUITE 301 BOCA RATON, FL 33434	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
06052008 Chg-LLC GR2E083 (11/05)		30012130	
4. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EDELMAN, KENNETH 2255 GLADES ROAD SUITE 337W BOCA RATON, FL 33434		7. Name and Address of New Registered Agent Name Ernest S. Orphanos DDS Street Address (P.O. Box Number is Not Acceptable) 4791 Glades Rd Suite 301 City Boca Raton, FL Zip Code 33434	
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 the Secretary of the entity, and I accept this obligation or registered agent.			
SIGNATURE 		6/15/06	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
MGR Mems ORPHANOS, ERNEST S 3291 GLADES ROAD, SUITE 301 BOCA RATON, FL 33434			
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: 		6/17/06 561-477-7171	
SIGNATURE AND PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date of Filing	