

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

05-10-2007 90419 023 \*\*\*\*50.00

**DOCUMENT # L05000071599**

1. Entity Name  
TARA HOUSE WEST, LLC



Principal Place of Business  
2101 WEST PLATT STREET  
SUITE 200  
TAMPA, FL 33606 US

Mailing Address  
2101 WEST PLATT STREET  
SUITE 200  
TAMPA, FL 33606 US

600509248



04122007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3186556

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JOHN H. RAINS III, P.A.  
501 EAST KENNEDY BOULEVARD  
SUITE 750  
TAMPA, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LUM, JOHN 2101 WEST PLATT STREET, SUITE 200 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GULUZIAN, ARAM 2101 WEST PLATT STREET TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ARENAS, BERNARD 14213 BANBURY WAY TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/25/07

Date

(813) 258-5478

Daytime Phone #