


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90036 034 \*\*\*\*50.00

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # L05000071601</b><br>1. Entity Name<br><b>TARA HOUSE SOUTH, LLC</b>   |  |   |   |   |  |
| Principal Place of Business<br><b>2101 WEST PLATT STREET<br/>SUITE 200<br/>TAMPA, FL 33606 US</b>  |  |   | Mailing Address<br><b>2101 WEST PLATT STREET<br/>SUITE 200<br/>TAMPA, FL 33606 US</b> |  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |  |  |
| City & State   |  | City & State  |   |  |  |
| Zip  | Country  | Zip   | Country   | 4. FEI Number<br><b>20-3186528</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent  |  |   |   | 7. Name and Address of New Registered Agent  |  |
| <b>JOHN H. RAINS III, P.A.<br/>501 EAST KENNEDY BOULEVARD<br/>SUITE 750<br/>TAMPA, FL 33602</b>  |  |   |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |  |   |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>      |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |   | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>LUM, JOHN<br/>2101 WEST PLATT STREET, SUITE 200<br/>TAMPA, FL 33606</b> | <input type="checkbox"/> Delete                                   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>GULUZIAN, ARAM<br/>2101 WEST PLATT STREET<br/>TAMPA, FL 33606</b>       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>ARENAS, BERNARD<br/>14213 BANBURY WAY<br/>TAMPA, FL 33606</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |   |   |  |  |
| <b>SIGNATURE:</b> _____ <span style="float: right;"><b>4/26/06</b></span>  |  |   |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |   |   |  |  |