

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90113 047 ****50.00

DOCUMENT # L05000071601

1. Entity Name

TARA HOUSE SOUTH, 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

60049754



04122007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3186528

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

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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 MGR
NAME LUM, JOHN
STREET ADDRESS 2101 WEST PLATT STREET, SUITE 200
CITY-ST-ZIP TAMPA, FL 33606

TITLE MGR
NAME GULUZIAN, ARAM
STREET ADDRESS 2101 WEST PLATT STREET
CITY-ST-ZIP TAMPA, FL 33606

TITLE MGR
NAME ARENAS, BERNARD
STREET ADDRESS 14213 BANBURY WAY
CITY-ST-ZIP TAMPA, FL 33606

← Delete

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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IN THIS SPACE**

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

Date

Daytime Phone #

4/24/07 (813) 258-5478