


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90129 018 ****50.00

DOCUMENT # L05000073388			
1. Entity Name TASRES, LLC			
Principal Place of Business 14903 BARBY AVENUE TAMPA, FL 33625		Mailing Address 14903 BARBY AVENUE TAMPA, FL 33625	
2. Principal Place of Business 8270 WOODLAND CENTER BLD.		3. Mailing Address 8270 WOODLAND CENTER BLD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33614	Country USA	Zip 33614	Country USA



02272006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3215463	Applied For <input 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 SHAPIRO, JOSHUA S 14903 BARBY AVENUE TAMPA, FL 33625		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6101 NATIVE WOODS DRIVE City TAMPA FL Zip Code 33625	
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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)

3-8-06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAPIRO, JOSHUA S 14903 BARBY AVENUE TAMPA, FL 33625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6101 NATIVE WOODS DRIVE TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SHAPIRO, ASHLEY D 6101 NATIVE WOODS DR TAMPA, FL 33625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT SHAPIRO ASHLEY D 6101 NATIVE WOODS DR TAMPA, FL 33625
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
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

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

3-8-06

Date

Daytime Phone #