

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092537

Entity Name: TAMMAX LLC

FILED
Jan 20, 2006
Secretary of State

Current Principal Place of Business:

7649 N W 57TH STREET
TAMARAC, FL 33351

New Principal Place of Business:

2747 NE 17TH STREET
FORT LAUDERDALE, FL 33305

Current Mailing Address:

7649 N W 57TH STREET
TAMARAC, FL 33351

New Mailing Address:

2747 NE 17TH STREET
FORT LAUDERDALE, FL 33305

FEI Number: 20-3510646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DI LEO, MAX
7649 N W 57TH STREET
TAMARAC, FL 33351 US

Name and Address of New Registered Agent:

DI LEO, MAX
2747 NE 17TH STREET
FORT LAUDERDALE, FL 33305 US

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.

SIGNATURE: MAX DI LEO

01/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DI LEO, MAX
Address: 7649 N W 57TH STREET
City-St-Zip: TAMARAC, FL 33351

Title: MGRM () Delete
Name: DI LEO, TAMMELA
Address: 7649 N W 57TH STREET
City-St-Zip: TAMARAC, FL 33351

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DI LEO, MAX
Address: 2747 NE 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: MGRM (X) Change () Addition
Name: DI LEO, TAMMELA
Address: 2747 NE 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33305

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAX DI LEO

MGR

01/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date