


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000096149 1. Entity Name TALEGA OFFICE PROPERTY, LLC	
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Principal Place of Business 1107 PENINSULAR DRIVE HAINES CITY, FL 33844	Mailing Address 1107 PENINSULAR DRIVE HAINES CITY, FL 33844
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DO NOT WRITE IN THIS SPACE



01132008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3563317	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER PA 501 E KENNEDY BLVD STE 1700 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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HICKMAN, MARY T TRUST 1107 PENINSULAR DR HAINES CITY, FL 33844
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<p>U00000824253 02/20/08-80071-003 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: John L. Hickman JOHN L. HICKMAN 2/5/08 863 422 9738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #