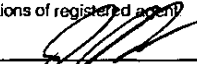
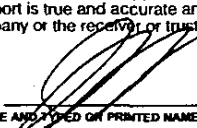


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90597 001 ***100.00

DOCUMENT # L05000098601 1. Entity Name TAZ LAND LLC					
Principal Place of Business 201 NORTH FRANKLIN STREET, SUITE 2000 TAMPA, FL 33602			Mailing Address 201 NORTH FRANKLIN STREET, SUITE 2000 TAMPA, FL 33602		
2. Principal Place of Business 4401 N. Suncoast Bldg. Suite, Apt. #, etc. #66		3. Mailing Address P.O. Box 501 Suite, Apt. #, etc.			
City & State Crystal River, FL Zip 34428		City & State Port Richey, FL Zip 34673		4. FEI Number 20-3708125	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, CHARLES A 201 NORTH FRANKLIN STREET, SUITE 2000 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Russo, Thomas J. Street Address (P.O. Box Number is Not Acceptable) 4401 N. Suncoast Blvd. #66 City Crystal River FL 34428	
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  3/16/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
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	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			3/16/06 (727) 848-4100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

30003254



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