


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90077 006 \*\*\*\*50.00

<b>DOCUMENT # L05000098601</b>					
<b>1. Entity Name</b> TAZ LAND LLC					
<b>Principal Place of Business</b> 4401 NORTH SUNCOAST BLVD #66 CRYSTAL RIVER, FL 34428			<b>Mailing Address</b> 4401 NORTH SUNCOAST BLVD #66 CRYSTAL RIVER, FL 34428		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01182007 Chg-LLC CR2E083 (12/06)	
<b>4. FEI Number</b> 20-3708125				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RUSSO, THOMAS J 4401 NORTH SUNCOAST BLVD #66 CRYSTAL RIVER, FL 34428			<b>7. Name and Address of New Registered Agent</b>		
Name			Russo, Rose Mary		
Street Address (P.O. Box Number is Not Acceptable)			4401 North Suncoast Blvd. #66		
City			Crystal River		
State			FL		
Zip			34428		
<b>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.</b>					
SIGNATURE <i>Rose Mary Russo</i>		Rose Mary Russo, Reg Agent		1-22-07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State		(NOTE: Registered Agent Signature required when reinstating)	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSO, THOMAS J 4401 NORTH SUNCOAST BLVD #66 CRYSTAL RIVER, FL 34428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Nancy L. Alexander 4401 North Suncoast Blvd #66 Crystal River, FL 34428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSO, ROSE MARY 4401 NORTH SUNCOAST BLVD #66 CRYSTAL RIVER, FL 34428	<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
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
<b>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.</b>					
<b>SIGNATURE:</b> <i>Rose Mary Russo</i>			Rose Mary Russo, Mgr		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 1-22-07 (727) 848-4100		