


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


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

01-26-2007 90077 007 ****50.00

DOCUMENT # L05000098606	
1. Entity Name TAZ PROPERTIES & HOLDINGS LLC	

Principal Place of Business 4401 NORTH SUNCOAST BLVD SUITE 66 CRYSTAL RIVER, FL 34428	Mailing Address PO BOX 501 PORT RICHEY, FL 34673
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
01182007 Chg-LLC	CR2E083 (12/06)
4. FEI Number 20-3708268	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	
RUSSO, THOMAS J 4401 NORTH SUNCOAST BLVD SUITE 66 CRYSTAL RIVER, FL 34428	

7. Name and Address of New Registered Agent	
Name Russo, Rose Mary	
Street Address (P.O. Box Number is Not Acceptable) 4401 North Suncoast Blvd	
#66	
City Crystal River	FL Zip Code 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 Rose Mary Russo <small>Signature, typed or printed name of registered agent and title if applicable.</small>	Rose Mary Russo, Reg Agent <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE 1.22.07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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

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: Rose Mary Russo <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Rose Mary Russo, Mgr Date 1.22.07 (727) 848-4100 <small>Daytime Phone #</small>