### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L05000102345**

and the second s

1. Entity Name

TALISA VENTURE CAPITAL, LLC



FILED
Jan 24, 2008 08:00 AN
Secretary of State

Principal Place of Business

230 HARBOR DRIVE KEY BISCAYNE, FL 33149 Mailing Address

230 HARBOR DRIVE KEY BISCAYNE, FL 33149



DO NOT WRITE IN THIS SPACE

01162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 42-1685175

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES REGISTERED AGENTS, INC. 329 GRANELLO AVENUE MIAMI, FL 33146

## DO NOT WRITE IN THIS SPACE

ð.	In 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	MGR TOURET, PHILIPPE 230 HARBOR DRIVE
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	K - K - K - K - K - K - K - K - K - K -
11 I hereby	certify that the information supplied with this filing does not qualify for the ex-

U00000795127 01/28/08-80035-020 138.75

# DO NOT WRITE IN THIS SPACE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Date

Daytime Phone #