2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108305

Entity Name: TAFFI'S TREASURES, LLC

WATSON, NICHOLE

VERO BEACH, FL 32967

6780-85 STREET

Name:

Address:

City-St-Zip:

FILED Jul 17, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
6780-85 S VERO BEA	TREET ACH, FL 32967			
Current Mailing Address:		New Mailing Address:		
6780-85 S VERO BEA	TREET ACH, FL 32967			
In accordan	: 11-3764481 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the limited liability I Address of Current Registered Agent	company did not receive the prior notice.)	
ABI, TAFFI 6780-85 STREET VERO BEACH, FL 32967 US		ABT, TAFFI 6780-85 STREET VERO BEACH, FL 32967 US		
	named entity submits this statement for the office of Florida.	he purpose of changing its registered office or registered agent, or b	ooth	
SIGNATURE: TAFFI ABT		07/17/2006		
	Electronic Signature of Registered	Agent Date		
MANAGING	MEMBERS/MANAGERS:	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () Delete ABT, TAFFI 6780-85 STREET VERO BEACH, FL 32967	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	MGRM () Delete ABT, MICHAEL 6780-85 STREET VERO BEACH, FL 32967	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	MGRM () Delete ABT, JOSHUA 6780-85 STREET VERO BEACH, FL 32967	Title: () Change () Addition Name: Address: City-St-Zip:		
Title:	MGRM () Delete	Title: () Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: TAFFI ABT MGR 07/17/2006