


FILED
May 03, 2006 8:00 am
Secretary of State

04-14-2006 90034 034 ***150.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000108477

1. Entity Name
TASHA VENTURES LLC



Principal Place of Business
 4118 SW 21 PLACE
 CAPE CORAL, FL 33914 US

Mailing Address
 4118 SW 21 PLACE
 CAPE CORAL, FL 33914 US

30006927



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04062006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
20-3768163

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TERRY, LORNA
4118 SW 21 PLACE
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

Make check payable to
 Florida Department of State

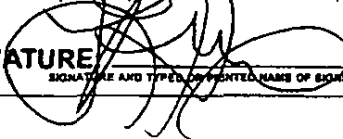
9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNETH, TERRY 4118 SW 21 PLACE CAPE CORAL, F 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TERRY, LORNA N 4118 SW 21 PLACE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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  **Lorna N. Terry** 4/11/06 835-945-0818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #