2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90027 050 ****50.00

DOCUMENT # L05000118054 1. Entity Name TAFANI GROCERY STORE, LLC							04-28-2006 90027 050 ******50.00			
Principal Place 4030 ST, AUG JACKSONVILLI	GUSTINE RD.		Mailing Address 4030 ST. AUGUSTINE RD. JACKSONVILLE, FL 32207			20038651				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		03222006	Chg-LLC	CR2E08	33 (11/05)		
City & State			City & State		4. FEI Numb 14-19	944720			plied For Applicable	
Zip	Country		Zip	Country		5. Certificate	of Status Desired		5.00 Addi ee Required	
	6. Name	and Address of Current R	egistered Agent			7. Name and	Address of New R	egistered A	gent	·
					Name					
HAKI, TAFANI 4030 ST. AUGUSTINE RD. JACKSONVILLE, FL 32207					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Code	
	named entity ions of registe	y submits this statement for ered agent.	the purpose of changing its	register	ed office or reg	gistered agent, or bo	th, in the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent an	d title if applicable. (NOT	E: Registere	d Agent signature re	equired when rainstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006										
Fi Di	iling Fee i ue by May	s \$50.00 / 1, 2006				i		e check pa Departme	ayable to ent of State	•
Fi Di 9.	iling Fee i ue by May 	s \$50.00 y 1, 2006 MANAGING MEMBER	IS/MANAGERS	10.				Departme	-	•
Dı	iling Fee i ue by May MGRM	y 1, 2006 	IS/MANAGERS	10. TITL	E		Florida	Departme	-	☐ Addition
9. TITLE NAME STREET ADDRESS	MGRM HAKI, TIF.	MANAGING MEMBER ANI AUGUSTINE RD.		TITL NAM STRI	EET ADDRESS		Florida	Departme	ent of State	
9. THILE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAKI, TIF.	y 1, 2006 MANAGING MEMBER ANI	☐ Delete	TITL NAM STRI CITY	EET ADDRESS -ST-ZIP		Florida	Departme	Change	☐ Addition
9. TITLE NAME STREET ADDRESS	MGRM HAKI, TIF.	MANAGING MEMBER ANI AUGUSTINE RD.		TITE NAM STRI CITY TITE NAM	EET ADDRESS -ST-ZIP		Florida	Departme	ent of State	
9. THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM HAKI, TIF.	MANAGING MEMBER ANI AUGUSTINE RD.	☐ Delete	TITE NAM STRI CITY TITE NAM STRI	EET ADDRESS -ST-ZIP E		Florida	Departme	Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM HAKI, TIF.	MANAGING MEMBER ANI AUGUSTINE RD.	☐ Delete	TITLE NAMES STRICTLY TO THE COLOR TO THE COL	EET ADDRESS '-ST-ZIP E EET ADDRESS '-ST-ZIP E EET ADDRESS '-ST-ZIP E		Florida	Departme	Change	☐ Addition
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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: HOW OF DEW TON HAKE SIGNATURE AND THE AND THE SIGNATURE AND THE OF BIGINES MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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