

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121269

Entity Name: TAC DEVELOPMENT, LLC

FILED  
Apr 10, 2007  
Secretary of State

## Current Principal Place of Business:

6947 VERDE WAY  
NAPLES, FL 34108 US

## New Principal Place of Business:

8787 BAY COLONY DR.  
# 1401  
NAPLES, FL 34108 US

## Current Mailing Address:

6947 VERDE WAY  
NAPLES, FL 34108 US

## New Mailing Address:

8787 BAY COLONY DR.  
# 1401  
NAPLES, FL 34108 US

FEI Number: 65-1266572

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PICKENPACK, THIES  
6947 VERDE WAY  
NAPLES, FL 34108 US

## Name and Address of New Registered Agent:

PICKENPACK, THIES  
8787 BAY COLONY DR.  
# 1401  
NAPLES, FL 34108 US

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.

SIGNATURE:

04/10/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: D ( ) Delete  
Name: PICKENPACK, CORNELIA  
Address: 6947 VERDE WAY  
City-St-Zip: NAPLES, FL 34108

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: PICKENPACK, CORNELIA  
Address: 8787 BAY COLONY DR.  
City-St-Zip: NAPLES, FL 34108

Title: MGR ( ) Change (X) Addition  
Name: PICKENPACK, THIES  
Address: 8787 BAY COLONY DR.  
City-St-Zip: NAPLES, FL 34108

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.

SIGNATURE: THIES PICKENPACK

MGR

04/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date