


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**2 Mar 14, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90180 033 \*\*\*\*50.00

**DOCUMENT # L06000005734**

1. Entity Name  
**TAHITI, LLC**



Principal Place of Business  
**1165 EAST BLUE HERON BLVD STE L  
 RIVIERA BEACH, FL 33404**

Mailing Address  
**1165 EAST BLUE HERON BLVD STE L  
 RIVIERA BEACH, FL 33404**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
**1165 E. Blue Heron Blvd # K**

3. Mailing Address  
 Suite, Apt. #, etc.  
**1165 E. Blue Heron Blvd. #K**

City & State  
 City & State

Zip Country Zip Country

01252007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

**FROST, CARL S  
 1165 EAST BLUE HERON BLVD STE L  
 RIVIERA BEACH, FL 33404**

4. FEI Number  
**20-4232030**

Applied For  
 Not Applicable

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

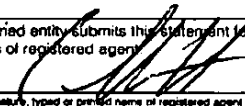
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1165 E. Blue Heron Blvd. Ste K**

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  **CARL S FROST** Manager **29 Jan 2007**

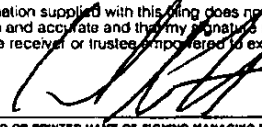
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00 Due by May 1, 2007**

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Manager Member Diane Cordeau 1165 E. Blue Heron Blvd Ste. K Riviera Beach, FL 33404	
		Manager Member Carl Frost 1165 E. Blue Heron Blvd Ste. K Riviera Beach FL 33404	

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:  **Carl S Frost** Manager **29 Jan 2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **561 207 8301**