

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055891

FILED
Feb 06, 2007
Secretary of State

Entity Name: TALCHA INVESTMENTS LLC

Current Principal Place of Business:

17070 COLLINS AVENUE
266A
SUNNY ISLES, FL 33160

New Principal Place of Business:

Current Mailing Address:

17150 COLLINS AVENUE
101-264
SUNNY ISLES, FL 33160

New Mailing Address:

405 CENTER ISLAND
GOLDEN BEACH, FL 33160

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAREL, TALIA
17070 COLLINS AVENUE
266A
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

HAREL, TALIA
405 CENTER ISLAND
GOLDEN BEACH, FL 33160 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: CHARLES AMSEL

02/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AMSEL, CHARLES
Address: 17070 COLLINS AV 266A
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGRM () Delete
Name: HAREL, TALIA
Address: 17070 COLLINS AVENUE 266A
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AMSEL, CHARLES
Address: 405 CENTER ISLAND
City-St-Zip: GOLDEN BEACH, FL 33160

Title: MGRM (X) Change () Addition
Name: HAREL, TALIA
Address: 405 CENTER ISLAND
City-St-Zip: GOLDEN BEACH, FL 33160

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: CHARLES AMSEL

MGRM

02/06/2007

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