

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

06-01-2007 90094 018 ****50.00

DOCUMENT # L06000061370 1. Entity Name TORIAN, LLC																																															
Principal Place of Business 617 BAYOU DRIVE C/O HANSEN MIRAMAR BEACH, FL 32550			Mailing Address P.O. BOX 1186 C/O HANSEN SANTA ROSA BEACH, FL 32459																																												
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																													
City & State		City & State																																													
Zip	Country	Zip	Country																																												
6. Name and Address of Current Registered Agent HANSEN, VICTORIA L 617 BAYOU DRIVE MIRAMAR BEACH, FL 32550				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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____																																															
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 2px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 2px;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 55%; padding: 2px;"> MGRM HANSEN, VICTORIA L 617 BAYOU DRIVE MIRAMAR BEACH, FL 32550 </td> <td style="width: 10%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2" style="width: 55%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td colspan="2" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td colspan="2" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td colspan="2" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td colspan="2" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td colspan="2" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HANSEN, VICTORIA L 617 BAYOU DRIVE MIRAMAR BEACH, FL 32550	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Victoria L. Hansen</i> <i>Victoria L. Hansen</i> <i>May 25, 2007</i> <i>(203) 837-1920</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																															