

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081020

Entity Name: TALL REM LLC

FILED
Jan 11, 2007
Secretary of State

Current Principal Place of Business:

6299 POWERS AVE
UNIT 237
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

6299 POWERS AVE
UNIT 237
JACKSONVILLE, FL 32217 US

New Mailing Address:

110 CRANES LAKE DR
PONTE VEDRA, FL 32082 US

FEI Number: 20-5395676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARBUZOVA, NATALJA
110 CRANES LAKE DR
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARBUZOVA, NATALJA
Address: 110 CRANES LAKE DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM () Delete
Name: BIBENKO, ROMAN
Address: 308 ASHLEY ST
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGRM () Delete
Name: USHENKO, DANIIL
Address: 11990 BEACH BLVD APT 272
City-St-Zip: JACKSONVILLE, FL 32246 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NATALJA ARBUZOVA

MGR

01/11/2007

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