

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118636

FILED
Jan 02, 2007
Secretary of State

Entity Name: TABAKA LLC.

Current Principal Place of Business:

901 PLAZA STREET
CLEARWATER, FL 33755 PI

New Principal Place of Business:

901 PLAZA STREET
CLEARWATER, FL 33755 US

Current Mailing Address:

901 PLAZA STREET
CLEARWATER, FL 33755PINE LL

New Mailing Address:

901 PLAZA STREET
CLEARWATER, FL 33755 US

FEI Number: 20-8051892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TABAK, VICTOR G SR
901 PLAZA STREET
CLEARWATER, FL 33755PINE US

Name and Address of New Registered Agent:

TABAK, VICTOR G SR
901 PLAZA STREET
CLEARWATER, FL 33755 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: VICTOR G.TABAK

01/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TABAK, DORIT A MRS
Address: 901 PLAZA STREET
City-St-Zip: CLEARWATER, FL 33755PINE LL

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TABAK, VICTOR G SR
Address: 901 PLAZA STREET
City-St-Zip: CLEARWATER, FL 33755 US

Title: MGRM () Change (X) Addition
Name: DORIT, TABAK A MRS
Address: 901 PLAZA STREET
City-St-Zip: CLEARWATER, FL 33755 US

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: VICTOR G.TABAK

MGR

01/02/2007

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