2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

DUDA 6 10 3	DOCUMENT # L07000024669 1. Entity Name TADARN, LLC						04-14-2008 90228 020 ***138.75				
Surie, Apt. #, etc. Surie, Apt. #, etc. G0404208 Chg-LLC CR2E083 (12/06)	10054 HARR	ISON - WILLSHIRE RD	10054 HARRISON - WILLSHIRE RD				1 (20)1921 8 1				
City & State City	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Zip Country Zip Country Signature Machines of Current Registered Agent To Name and Address of Current Registered Agent To Name and Address of Current Registered Agent To Name and Address of New Regi	Suite, Apt.	#, etc	Suite, Apt. #, etc.				04042008	Chg-LLC	CR2E	083 (12/06)	
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STEELE, ROXANNE S 119 ST-JOHNS WAY E APOLLO BEACH, FL 33572 City FL Zip Code	Zip	Country	Zip	Count	iry		5. Certificate				
STEELE ROXANNES 119 ST. JOHNS WAY E APOLLO BEACH, FL 33572 City FL Zip Code City F		6. Name and Address of Current	Registered Agent			<u>`</u>	7. 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. I am familiar with, and accept the obligations of registered agent. Signature Depart Department of State Department of 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. Department of State Department of State Department of State Department of State					Name			<u></u>			
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SignaTurRe SignaTurRe Separate poed or private name of registered spens and star applicable. PROTE Registered Agent spensure required when rendatary) DATE	119 ST-JOHNS WAY E				Street A	et Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SignaTurRe SignaTurRe Separate poed or private name of registered spens and star applicable. PROTE Registered Agent spensure required when rendatary) DATE					City	/ Zin Code					
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11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information		Cartify that the information supplied with	this filian does not qualify for			ntained i	n Chapter 110	Florida Statutos I	further certif	v that the info	rmation

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE