

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90012 028 ***138.75



DOCUMENT # L07000064656
 1. Entity Name
TATTLE-TRAIL, LLC

Principal Place of Business
**7887 BRYAN DAIRY ROAD
 BUILDING 200, SUITE 100
 LARGO, FL 33777**

Mailing Address
**7887 BRYAN DAIRY ROAD
 BUILDING 200, SUITE 100
 LARGO, FL 33777**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
**1887 Bryan Dairy Road
 Suite 220**

City & State
Largo, FL

Zip Country
33777 U.S.A.



04212008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0414167

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**AID, JAMES D
 7887 BRYAN DAIRY ROAD
 BUILDING 200, SUITE 100
 LARGO, FL 33777**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	AID, JAMES D	7887 BRYAN DAIRY ROAD	LARGO, FL 33777	<input type="checkbox"/>
MGR	DIN, SHAHID	7887 BRYAN DAIRY ROAD	LARGO, FL 33777	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		7887 Bryan Dairy Road, Suite 220		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		7887 Bryan Dairy Road, Suite 220		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: James D Aid

4-21-08 727-230-9438
 DATE DAYPHONE NUMBER