File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 23 AM 10: 37

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE $ 188.75	Annual Report $100.00 + $88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company — **DOCUMENT #** L98000002106

TASAKE, L.L.C.
2861 BELLE CHRISTIANE CIRCLE
PENSACOLA FL 32503

99-AR
CM

1a. Principal Place of Business Address
2861 BELLE CHRISTIANE CIRCLE
PENSACOLA FL 32503

2. Principal Place of Business	2a. Mailing Address
701 SCENIC HWY	P.O. BOX 12522
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA, FL	City & State: PENSACOLA FL.
Zip: 32503 Country: U.S.A	Zip: 32573 Country: U.S.A

3. Date Organized or Qualified: 10/01/1998
3a. State of Formation: FL
4. FEI Number: 59-3541979 ☐ Applied For ☐ Not Applicable
5. Date of Last Report
6. Certificate of Status Desired ($8.75 Additional Fee Required) ☐

7. Name and Address of Current Registered Agent

SILIVOS, GUS PAUL
2861 BELLE CHRISTIANE CIRCLE
PENSACOLA FL 32503

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE ____ DATE ____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature is required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SILIVOS, GUS PAUL	2861 BELLE CHRISTIANE CIRC	PENSACOLA FL

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****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: [signature] 3-21-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (12-98)