

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

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DIVISION OF CORPORATIONS
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LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company TASAKE, L.L.C. 2861 BELLE CHRISTIANE CIRCLE PENSACOLA FL 32503	DOCUMENT # L98000002106 9A-AR CM
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1a. Principal Place of Business Address 2861 BELLE CHRISTIANE CIRCLE PENSACOLA FL 32503

2. Principal Place of Business 701 SCENIC HWY Suite, Apt. #, etc.	2a. Mailing Address P.O. BOX 12522 Suite, Apt. #, etc.	3. Date Organized or Qualified 10/01/1998	3a. State of Formation FL
City & State PENSACOLA, FL Zip 32503 Country U.S.A	City & State PENSACOLA FL. Zip 32573 Country U.S.A	4. FEI Number 59-3541979	☐ Applied For ☐ Not Applicable
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	

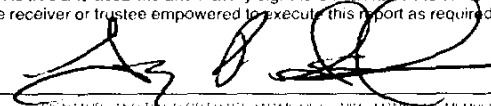
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of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

SIGNATURE _____ DATE _____

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: 

3-21-99