

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90407 039 ****50.00

0033698

DOCUMENT # L98000002786

1. Entity Name
TAL HOLDINGS, L.L.C.



Principal Place of Business
**C/O MATTHEW J. FOSTER
100 N. TAMPA STREET, SUITE 2700
TAMPA FL 33602**

Mailing Address
**C/O MATTHEW J. FOSTER
100 N. TAMPA STREET, SUITE 2700
TAMPA FL 33602**



2. Principal Place of Business

915 Oakfield Dr.

3. Mailing Address

915 Oakfield Dr.

Suite, Apt. #, etc.

Suite - C

Suite, Apt. #, etc.

Suite - C

City & State

Brandon, FL

City & State

Brandon, FL

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3543510**

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

Zip
33511

Country

Hillsborough

Zip
33511

Country

Hillsborough

6. Name and Address of Current Registered Agent

**FOSTER, MATTHEW J
100 N. TAMPA STREET, SUITE 2700
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **James W. Lee**
Street Address (P.O. Box Number is Not Acceptable)
3502 Hollow Oak Pl
City **Brandon** FL Zip Code **33511**

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 *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE **4/17/03**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	LEE, JAMES W	3502 HOLLOW OAK PLACE	BRANDON FL 33511	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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"/>	<input type="checkbox"/>

11. I 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 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]* **REQUIRED**

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

DATE **4/17/03** (813) 689-2548
Daytime Phone #

CR2E083 (10/02)