

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002495

FILED
Apr 08, 2004
Secretary of State

Entity Name: TALICO DEVELOPMENTAL SYSTEMS, L.C.

Current Principal Place of Business:

4304 BLUE HERON DR.
PONTE VEDRA, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3658
PONTE VEDRA BEACH, FL 320043658 US

New Mailing Address:

FEI Number: 59-3588762 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TAGLIAFERRI, LOUIS
4304 BLUE HERON DR.
PONTE VEDRA, FL 32082 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: TAGLIAFERRI, LOUIS E
Address: 4304 BLUE HERON DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR () Delete
Name: TAGLIAFERRI, JUDITH B
Address: 4304 BLUE HERON DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LOUIS E. TAGLIAFERRI MGR 04/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date