## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # M00000000904**

1. Entity Name

TAREF HOLDINGS, L.L.C.



FILED
Jan 16, 2004 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

1330 EAST OSTERHOUT AVENUE PORTAGE, MI 49002

1330 EAST OSTERHOUT AVENUE PORTAGE, MI 49002



DO NOT WRITE IN THIS SPACE 01062004 No Chg-LLC

4. FEI Number 36-3441417

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

DERRICK, JEAN 8805 28TH AVENUE DRIVE EAST PALMETTO, FL 34221

STREET ADDRESS CITY - ST-7IP

## DO NOT WRITE IN THIS SPACE

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	a named entity submits this statement for the purpose of chan tions of registered agent.	lõud na teõistateo outoa ot taõistetae adauri ot s	oom, in the State of Pionica. I am lamillar will	i, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	gent signature (equicid when remakkling) 2 DATE		
F	lling Fee is \$50.00 ue by May 1, 2004			· —. <u>·</u>	
9.	MANAGING MEMBERS/MANAGERS	·.			
TRILE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOX, THOMAS A 1330 EAST OSTERHOUT AVENUE PORTAGE, MI 49002				
DILE NAME STRELI ADDRESS CITY - ST - ZIP			00000006710 01/16/04-80047-008 <b>50,</b> 00 		
THE NAME STREET ADDRESS CITY-SI-ZIP		DC	NOT WRITE	•	
NAME SIREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 it 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: Thomas A. FOX

1/7/04

(269)349-7775 x 3140

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