## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # M04000002874**

1. Entity Name

TAMSUN AL INVESTORS, LLC



Principal Place of Business

4415 PHESANT RIDGE ROAD, SUITE 301

ROANOKE, VA 24014

Mailing Address

4415 PHESANT RIDGE ROAD, SUITE 301 ROANOKE, VA 24014

## FILED Apr 03, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1463279 Applied For Not Applicable

5. Certificate of Status Desired

\$5,00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

## DO NOT WRITE IN THIS SPACE

WESTON, FC 33331		III IIII OI AGE		
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, typed or printed name of registered agent and titls (t englicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
	iling Fee is \$50.00 ne by May 1, 2006			
9. TITLE	MANAGING MEMBERS/MANAGERS MGR	<del></del>		
NAME	SMITH, JAMES R	i		
STREET ADDRESS	4415 PHEASANT RIDGE ROAD, SUITE 301	ł		
CITY-ST-ZIP	ROANOKE, VA 24014		HOOOOOAOOFOO	
une	MGR		100000490586 04/18/06-80059-014 50:00	
NAME	PIETRZAK, JAMES R	į į	04/18/00-88033-014 30.00	
STREET ADDRESS CITY-ST-ZIP	4415 PHEASANT RIDGE ROAD, SUITE 301 ROANOKE, VA 24014	••		
TALE	TOANORE, VA 24014	<del></del>		
NAME				
STREET ADDRESS				
City-St-Zip		1 00	NOT WRITE	
TITLE		INI .	THIS SPACE	
NAME		{ 114	IIIIS SPACE	
STREET ADDRESS		5		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 508, Florida Statutes.

SIGNATURE: \_\_\_

CHY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ames a smith sign

Daytime Phone #