

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90097 002 ***138.75

DOCUMENT # M04000002874 1. Entity Name TAMSUN AL INVESTORS, LLC			
Principal Place of Business 4415 PHEASANT RIDGE ROAD, SUITE 301 ROANOKE, VA 24014		Mailing Address 4415 PHEASANT RIDGE ROAD, SUITE 301 ROANOKE, VA 24014	
2. Principal Place of Business - No P.O. Box # 4423 Pheasant Ridge Road Suite, Apt. #, etc. Suite 301 City & State Roanoke, VA Zip 24014		3. Mailing Address 4423 Pheasant Ridge Road Suite, Apt. #, etc. Suite 301 City & State Roanoke, VA Zip 24014	
Country USA		Country USA	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME SMITH, JAMES R	TITLE Change	NAME 4423 Pheasant Ridge Road, Suite 301
STREET ADDRESS 4415 PHEASANT RIDGE ROAD, SUITE 301	CITY-ST-ZIP ROANOKE, VA 24014	STREET ADDRESS Roanoke, VA 24014	CITY-ST-ZIP 24014
TITLE MGR	NAME PIETRZAK, JAMES R	TITLE Change	NAME 4423 Pheasant Ridge Road, Suite 301
STREET ADDRESS 4415 PHEASANT RIDGE ROAD, SUITE 301	CITY-ST-ZIP ROANOKE, VA 24014	STREET ADDRESS Roanoke, VA 24014	CITY-ST-ZIP 24014
TITLE Delete	NAME Delete	TITLE Delete	NAME Delete
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TITLE Delete	NAME Delete	TITLE Delete	NAME Delete
STREET ADDRESS Delete	CITY-ST-ZIP Delete	STREET ADDRESS Delete	CITY-ST-ZIP Delete
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 608, Florida Statutes.			
SIGNATURE:		3/31/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	