


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90044 044 ****50.00

DOCUMENT # M05000002794					
1. Entity Name TALL HOLDINGS LLC					
Principal Place of Business ONE INDEPENDENT CENTER DRIVE, SUITE 114 C/O CAPITAL PARTNERS, INC. JACKSONVILLE, FL 32202			Mailing Address ONE INDEPENDENT CENTER DRIVE, SUITE 114 C/O CAPITAL PARTNERS, INC. JACKSONVILLE, FL 32202		
2. Principal Place of Business One Independent Dr. Suite, Apt. #, etc. Ste 114 City & State Jacksonville FL Zip 32202 Country		3. Mailing Address One Independent Dr. Suite, Apt. #, etc. Ste 114 City & State Jacksonville FL Zip 32202 Country			
4. FEI Number APPLIED FOR 20-2908396					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTIN, FL 33331					
7. Name and Address of New Registered Agent Name William G. Evans Street Address (P.O. Box Number is Not Acceptable) One Independent Drive, Ste 114 City Jacksonville FL Zip Code 32202					
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 <i>William G. Evans</i> DATE 04-28-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TALL HOLDINGS OWNER LLC <input type="checkbox"/> Delete ONE INDEPENDENT CENTER DRIVE, SUITE 114 JACKSONVILLE, FL 32202		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Independent Dr, Ste 114	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>William G. Evans Auth Rep</i> DATE 04-28-06 DAYTIME PHONE 904/356-1978 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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