

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90140 048 \*\*\*\*50.00

<b>DOCUMENT # M05000006571</b>					
<b>1. Entity Name</b> TEATABLE, LLC					
<b>Principal Place of Business</b> 530 E CENTRAL BLVD STE 1601 ORLANDO, FL 32801			<b>Mailing Address</b> 530 E CENTRAL BLVD STE 1601 ORLANDO, FL 32801		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02142006    Chg-LLC    CR2E083 (11/05)	
<b>4. FEI Number</b> 20-3697988				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  RUTTER, GORHAM JR 283 CRANES ROOST BLVD STE 111 ALTAMONTE SPRINGS, FL 32701			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL    Zip Code</span>		
<b>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.</b> SIGNATURE:     DATE: <u>3-6-06</u> <small>Sign and type printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DONOVAN, PAUL 29 GARNER AVE. PARSONFIELD, ME 04047	<input type="checkbox"/> Delete			
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<b>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.</b>					
<b>SIGNATURE:</b>			Date: <u>3-6-06</u> Daytime Phone #: <u>407-474-8222</u>		



ATTACHMENT

30602144

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2006

TEATABLE, LLC  
530 E CENTRAL BLVD STE 1601  
ORLANDO, FL 32801

Subject: TEATABLE, LLC

Reference Number:

M05000006571

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION