

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 07, 2008  
Secretary of State**

DOCUMENT# L03000052909

Entity Name: KAY STORY, LLC

**Current Principal Place of Business:**

6405 EDGE-O-GROVE CIRCLE  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

6405 EDGE-O-GROVE CIRCLE  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 57-1197846      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STORY, KAY B  
6405 EDGE-O-GROVE CIRCLE  
ORLANDO, FL 32819    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: STORY, KAY B  
Address: 6405 EDGE-O-GROVE CIRCLE  
City-St-Zip: ORLANDO, FL 32819

Title: CO-O      ( ) Delete  
Name: STORY, JAMES B  
Address: 6406 EDGE-O-GROVE CIRCLE  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KAY STORY

OWN

01/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date