


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2005 8:00 am
Secretary of State

08-10-2005 90047 003 ****50.00

DOCUMENT # L03000032603	
1. Entity Name TYJUANON LLC	

Principal Place of Business 8204 CRYSTAL CLEAR LANE, STE. 800 ORLANDO, FL 32809	Mailing Address 8204 CRYSTAL CLEAR LANE, STE. 800 ORLANDO, FL 32809
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2. Principal Place of Business 6220 S. ORANGE BLOSSOM TR. Suite #, etc. 517	3. Mailing Address 6220 S. ORANGE BLOSSOM TR. Suite #, etc. 517
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32809	Country USA



08082005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent MAHONEY, JOSEPH 12981 ODYSSEY LAKE WAY ORLANDO, FL 32826	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17612 TANJA KING BLVD. City ORLANDO FL Zip Code 32828
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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 Joseph E. Mahoney (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAHONEY, ANN M 12981 ODYSSEY LAKE WAY ORLANDO, FL 32826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17612 TANJA KING BLVD. ORLANDO, FL 32828
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
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 exemption stated in Section 119.07(3)(i), 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: <u>Joseph E. Mahoney</u>	Date 8/8/05	Daytime Phone # 407-855-8586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE		