

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000042126

Entity Name: CAYLON CONCEPTS, LLC

**FILED**  
**Jan 11, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

874 HOME AVENUE #2  
CARLSBAD, CA 92008

**New Principal Place of Business:**

1453 MAIN STREET  
SARASOTA, FL 34236

**Current Mailing Address:**

874 HOME AVENUE #2  
CARLSBAD, CA 92008

**New Mailing Address:**

P.O. BOX 48486  
SARASOTA, FL 34230

FEI Number: 43-2032608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AGENTS AND CORPORATIONS, INC.  
SUITE E, 773 4TH AVENUE NORTH  
NAPLES, FL 34102 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/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: COEN, RICCARDO I  
Address: P.O. BOX 48486  
City-St-Zip: SARASOTA, FL 34230

Title: MGR ( ) Change (X) Addition  
Name: TAYLOR, ANN K  
Address: 874 HOME AVENUE #2  
City-St-Zip: CARLSBAD, CA 92008

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANN TAYLOR

MGR

01/11/2004

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