

# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

<b>DOCUMENT # L03000042126</b>					
<b>1. Entity Name</b> CAYLON CONCEPTS, LLC					
<b>Principal Place of Business</b> 1453 MAIN STREET SARASOTA, FL 34236			<b>Mailing Address</b> P.O. BOX 48486 SARASOTA, FL 34230		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b> 1453 Main Street		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Sarasota, FL		
Zip		Country		Zip 34236	
Country		Country		<b>4. FEI Number</b> 43-2032608	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> AGENTS AND CORPORATIONS, INC. SUITE E, 773 4TH AVENUE NORTH NAPLES, FL 34102				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
<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>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR COEN, RICCARDO I P.O. BOX 48486 SARASOTA, FL 34230	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR TAYLOR, ANN K 874 HOME AVENUE #2 CARLSBAD, CA 92008	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Ann K. Taylor</u> <b>Ann K. Taylor</b> <u>2/28/04</u> <u>760.521.4693</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02282004 Chg-LLC CR2E083 (10/03)

4. FEI Number 43-2032608 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

Amended AR is \$50.00

Make check payable to  
Florida Department of State

## MANAGING MEMBERS/MANAGERS

## ADDITIONS/CHANGES

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