2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2009
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 B. STORY MAN 03/19/2009

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