
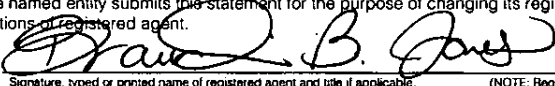



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90026 035 ****50.00

DOCUMENT # L04000009256					
1. Entity Name TAYCAM, LLC					
Principal Place of Business 108 MOSLEY DRIVE LYNN HAVEN, FL 32444 US			Mailing Address P O BOX 635 LYNN HAVEN, FL 32444 US		
2. Principal Place of Business		3. Mailing Address 123 Landings Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Lynn Haven, FL		4. FEI Number 20-1044719	
Zip		Country 32444 USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, BRANDI B 1801 MILLWOOD LANE LYNN HAVEN, FL 32444			7. Name and Address of New Registered Agent Name: Brandi B. Jones Street Address (P.O. Box Number is Not Acceptable): 123 Landings Drive City: Lynn Haven FL Zip Code: 32444		
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:  DATE: 4/19/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, BRANDI B 1801 MILLWOOD LANE LYNN HAVEN, FL 32444 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, BRANDI B 123 Landings Drive Lynn Haven, FL 32444 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, DANIEL P 1801 MILLWOOD LANE LYNN HAVEN, FL 32444 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, DANIEL P. 123 Landings Drive Lynn Haven, FL 32444 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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:  Brandi B. Jones 4/19/05 850-265-8797 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					