

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031388

Entity Name: TIKa, LLC

FILED
Apr 18, 2008
Secretary of State

Current Principal Place of Business:

1440 TALLAPOOSA DRIVE
GENEVA, FL 32732 US

New Principal Place of Business:

450 PINE HILL BLVD
GENEVA, FL 32732 US

Current Mailing Address:

1440 TALLAPOOSA DRIVE
GENEVA, FL 32732 US

New Mailing Address:

450 PINE HILL BLVD
GENEVA, FL 32732 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, TIMOTHY
1440 TALLAPOOSA DRIVE
GENEVA, FL 32732 US

Name and Address of New Registered Agent:

BAILEY, TIMOTHY
450 PINE HILL BLVD
GENEVA, FL 32732 US

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: TIMOTHY BAILEY

04/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAILEY, TIMOTHY
Address: 1440 TALLAPOOSA DRIVE
City-St-Zip: GENEVA, FL 32732 US

Title: MGR () Delete
Name: BAILEY, KATY
Address: 1440 TALLAPOOSA DRIVE
City-St-Zip: GENEVA, FL 32732 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BAILEY, TIMOTHY
Address: 450 PINE HILL BLVD
City-St-Zip: GENEVA, FL 32732 US

Title: MGR (X) Change () Addition
Name: BAILEY, KATY
Address: 450 PINE HILL BLVD
City-St-Zip: GENEVA, FL 32732 US

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: TIMOTHY BAILEY

MGR

04/18/2008

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