

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086990

Entity Name: TDK, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

1334 WALNUT STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

1334 WALNUT STREET
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 20-3407333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BELLER & BUSTAMANTE, P.L.
12627 SAN JOSE BLVD.
703
JACKSONVILLE, FL 32223 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CONNER, KAREN
Address: 36876 PINE STREET
City-St-Zip: HILLIARD, FL 32046

Title: MGRM () Delete
Name: DEBRA, KLEIN P
Address: 836 TEMPLETON LANE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGRM () Delete
Name: BAKER, TAMARA
Address: 1517 MAYFAIR ROAD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: KAREN CONNER

MEMB

05/01/2006

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