2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# L05000086990

Entity Name: TDK, LLC

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 ( )**

Name and Address of Current Registered Agent:

HOWE & WILLIAMS, P.A.
6817 SOUTHPOINT PARKWAY
601
JACKSONVILLE, FL 32216 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:	MGRM	( ) Delete
Name:	CONNER, KAREN	
Address:	P.O. BOX 1168	
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 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 OFFI 01/14/2009

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