## **2008 LIMITED LIABILITY COMPANY**

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND

**ANNUAL REPORT** DOCUMENT # L05000089106 **FILED** 1. Entity Name Jul 28, 2008 08:00 AM TAYBEN PROPERTIES, LLC **Secretary of State** Principal Place of Business Mailing Address 820 NE 6TH STREET 820 NE 6TH STREET DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 07092008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3443592 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KERN, KEITH D ESQ DO NOT WRITE 50 SE FOURTH AVENUE DELRAY BEACH, FL 33483 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Due by September 12, 2008 liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS MGR TITLE SHAFFER, JEFFREY NAME STREET ADDRESS 820 NE 6TH AVENUE CITY-ST-ZIP DELRAY BEACH, FL 33483 TITLE NAME U00000956466 STREET ADDRESS 07/28/08-80003-019 138.75 CITY-ST-ZIP TITLE STREET ADORESS DO NOT WRITE CITY+ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 companylyr the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE