## **FILED** Apr 28, 2008 8:00 am Secretary of State

ANNUAL REPORT	7 1

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA

04-28-2008 90053 023 \*\*\*138.75 DOCUMENT # L06000018705 TYSON ROAD, LLC Principal Place of Business Mailing Address 60030578 2281 LEE ROAD, SUITE 204 2281 LEE ROAD, SUITE 204 WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-4342546 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AVERY, DELL Street Address (P.O. Box Number is Not Acceptable) 2281 LEE ROAD, SUITE 204 WINTER PARK, FL 32789 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE ☐ Delete TITLE ☐ Change ■ Addition NARCOOSSEE SKKJDA, LLC NAME NAME STREET ADDRESS 2251 LEE RD SUITE 204 STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-7IP **MGRM** ☐ Delete TITLE ☐ Change ☐ Addition CHRIST-HAYDEN PARTN, LTD. NAME NAME STREET ADDRESS 2281 LEE RD SUITE 204 STREET ADDRESS CITY - ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP MGRM ☐ Delete TITLE Channe □ Addition AVERY, DELL NAME NAME STREET ADDRESS 2281 LEE RD SUITE 204 STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing 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 company or the receiver or trusting proposed to execute this report as required by Chapter 608, Florida Statutes. 4-17-08

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE