2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068606

Entity Name: MARIELENA FELICIANO TYNAN, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
700 N. WICKHAM ROAD, SUITE 110 MELBOURNE, FL 32935	1880 CANOPY DRIVE MELBOURNE, FL 32935

Current Mailing Address:	**New Mailing Address:**
P.O. BOX 361156 MELBOURNE, FL 329361156	1880 CANOPY DRIVE MELBOURNE, FL 32935

FEI Number: 76-0832568   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
TYNAN, MARIELENA F 700 N. WICKHAM ROAD, SUITE 110 MELBOURNE, FL 32935 US	TYNAN, DAVID P SR 1880 CANOPY DRIVE MELBOURNE, FL 32935 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: DAVID P. TYNAN, SR.   01/09/2008

              Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Name: TYNAN, MARIELENA F Address: P.O. BOX 361156 City-St-Zip: MELBOURNE, FL 32936	Title: MGRM (X) Change ( ) Addition Name: TYNAN, DAVID P Address: 1880 CANOPY DRIVE City-St-Zip: MELBOURNE, FL 32935
Title: ( ) Delete Name: Address: City-St-Zip:	Title: MGRM ( ) Change (X) Addition Name: TYNAN, MARIELENA F Address: 1880 CANOPY DRIVE City-St-Zip: MELBOURNE, FL 32935

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: MARIELENA FELICIANO TYNAN   MGRM   01/09/2008

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