

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078418

FILED  
Mar 28, 2011  
Secretary of State

Entity Name: T.S. ADAMS STUDIO FLORIDA, LLC

## Current Principal Place of Business:

SHOPS OF GRAYTON NORTH  
1394 COUNTY HWY 283, BUILDING 5  
SANTA ROSA BEACH, FL 32459

## New Principal Place of Business:

SHOPS OF GRAYTON NORTH  
1394 COUNTY HWY 283 SOUTH, BUILDING 5  
SANTA ROSA BEACH, FL 32459

## Current Mailing Address:

SHOPS OF GRAYTON NORTH  
1394 COUNTY HWY 283, BUILDING 5  
SANTA ROSA BEACH, FL 32459

## New Mailing Address:

SHOPS OF GRAYTON NORTH  
1394 COUNTY HWY 283 SOUTH, BUILDING 5  
SANTA ROSA BEACH, FL 32459

FEI Number: 51-0595007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADAMS, KELLI B  
SHOPS OF GRAYTON NORTH  
1394 COUNTY HWY 283, BUILDING 5  
SANTA ROSA BEACH, FL 32459 US

## Name and Address of New Registered Agent:

ADAMS, KELLI B  
SHOPS OF GRAYTON NORTH  
1394 COUNTY HWY 283 SOUTH, BUILDING 5  
SANTA ROSA BEACH, FL 32459 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: KELLI ADAMS

03/28/2011

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: ADAMS, KELLI B  
Address: 1394 COUNTY HWY 283 SOUTH, BUILDING 5  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM  
Name: GEARY, PAUL D  
Address: 1394 COUNTY HWY 283, BUIDLING 5  
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby 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: PAUL GEARY

MGRM

03/28/2011

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