


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 26, 2007 8:00 am**  
**Secretary of State**

07-26-2007 90010 034 \*\*\*\*55.00

<b>DOCUMENT # L06000080392</b>	
1. Entity Name <b>TYLEE, LLC</b>	

Principal Place of Business <b>6195 NE 104TH WAY PARKLAND FL 33076</b>	Mailing Address <b>6195 NE 104TH WAY PARKLAND FL 33076</b>
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2. Principal Place of Business - No P.O. Box # <b>6195 NW 104th Way</b>	3. Mailing Address <b>6195 NW 104th Way</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/07)

City & State <b>Parkland, FL</b>	City & State <b>Parkland, FL</b>	4. FEI Number <b>41-2211596</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
Zip <b>33076</b>	Country <b>Broward</b>	Zip <b>33076</b>	Country <b>Broward</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent <b>DUPLIN, NORMA 6195 NE 104TH WAY PARKLAND FL 33076</b>	7. Name and Address of New Registered Agent Name <b>Norman Duplin</b> Street Address (P.O. Box Number is Not Acceptable) <b>6195 NW 104 Way</b> City <b>Parkland</b> FL Zip Code <b>33076</b>
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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 *Norman E. Duplin* DATE 7-21-07

Signature of, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM EARLEE LIMITED PARTNERSHIP 6195 NE 104TH WAY PARKLAND FL 33076</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Norman E. Duplin* DATE: 7-21-07 DAYTIME PHONE: 954-227-2185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE