2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035140

Entity Name: PHAYLEAN L.L.C.

Address:

City-St-Zip:

ST. AUGUSTINE BEACH, FL 32080

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2848 N 8TH ST ST. AUGUSTINE, FL 32084 **Current Mailing Address: New Mailing Address:** 2848 N 8TH ST ST. AUGUSTINE, FL 32084 FEI Number: 20-8771537 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: PHYTHIAN, ROBERT J 2848 N 8TH ST. ST. AUGUSTINE, FL 32095 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR () Delete Title: () Change () Addition PHYTHIAN, ROBERT Name: Name: Address: 2848 N 8TH ST. Address: City-St-Zip: ST. AUGUSTINE, FL 32084 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: AYERS, DAVID Name: Address: 29A ATLANTIC OAKS CIRCLE Address: City-St-Zip: ST. AUGUSTINE BEACH, FL 32080 City-St-Zip: Title: MGR () Delete Title: () Change () Addition AYERS, MERIDITH Name: Name: 29A ATLANTIC OAKS CIRCLE

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT PHYTHIAN 04/27/2009