

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098746

Entity Name: TAFKW, LLC

FILED  
Feb 06, 2008  
Secretary of State

## Current Principal Place of Business:

20315 SW 323 STREET  
HOMESTEAD, FL 33031 US

## New Principal Place of Business:

621 DUVAL STREET  
KEY WEST, FL 33040 US

## Current Mailing Address:

20315 SW 323 STREET  
HOMESTEAD, FL 33031 US

## New Mailing Address:

20315 SW 323 STREET  
HOMESTEAD, FL 33030 US

FEI Number: 35-2309326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PASTRAN, RAUL E  
333 NE 8 STREET  
HOMESTEAD, FL 33030 US

## Name and Address of New Registered Agent:

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:

Title: MGR ( ) Delete  
Name: FARRELL, JON R  
Address: 20315 SW 323 STREET  
City-St-Zip: HOMESTEAD, FL 33031 US

Title: MGRM ( ) Delete  
Name: FARRELL, JON R II  
Address: 20315 SW 323 STREET  
City-St-Zip: HOMESTEAD, FL 33031 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: FARRELL, JON R  
Address: 20315 SW 323 STREET  
City-St-Zip: HOMESTEAD, FL 33030 US

Title: MGRM (X) Change ( ) Addition  
Name: FARRELL, JON R II  
Address: 20315 SW 323 STREET  
City-St-Zip: HOMESTEAD, FL 33030 US

Title: MGRM ( ) Change (X) Addition  
Name: FARRELL, DIANE M  
Address: 20315 SW 323RD STREET  
City-St-Zip: HOMESTEAD, FL 33030 US

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: JON R FARRELL

MGR

02/06/2008

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