

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034514

FILED
May 01, 2009
Secretary of State

Entity Name: TOBY K'S LLC

Current Principal Place of Business:

12620-3 BEACH BLVD., STE. 355
JACKSONVILLE, FL 32246

New Principal Place of Business:

12620-3 BEACH BLVD., STE. 328
JACKSONVILLE, FL 32246

Current Mailing Address:

12620-3 BEACH BLVD., STE. 355
JACKSONVILLE, FL 32246

New Mailing Address:

12620-3 BEACH BLVD., STE. 328
JACKSONVILLE, FL 32246

FEI Number: 26-2343273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KIRKILES, TOBY C
12623-3 BEACH BLVD.
STE. 3
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

KIRKILES, TOBY C
12623-3 BEACH BLVD.
STE. 328
JACKSONVILLE, FL 32246 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:

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KIRKILES, TOBY C
Address: 12620-3 BEACH BLVD., STE. 355
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KIRKILES, TOBY C
Address: 12620-3 BEACH BLVD., STE. 328
City-St-Zip: JACKSONVILLE, FL 32246

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: TOBY C. KIRKILES

MGRM

05/01/2009

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