

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044762

Entity Name: LIKEY @ ASSOCIATES, LLC

FILED  
Jul 21, 2009  
Secretary of State

## Current Principal Place of Business:

845 MANDALAY AVE  
CLEARWATER BEACH, FL 33767

## New Principal Place of Business:

9769 KLINE ROAD  
JACKSONVILLE, FL 32246

## Current Mailing Address:

845 MANDALAY AVE  
CLEARWATER BEACH, FL 33767

## New Mailing Address:

9769 KLINE ROAD  
JACKSONVILLE, FL 32246

FEI Number: 26-2540018      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:

LIGHTCAP, CHARLES L III  
845 MANDALAY AVE  
CLEARWATER BEACH, FL 33767      US

## Name and Address of New Registered Agent:

LIGHTCAP, CHARLES L III  
9769 KLINE ROAD  
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:

07/21/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LIGHTCAP, CHARLES L III  
Address: 845 MANDALAY AVE  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: MGRM (X) Delete  
Name: TABOR, MICHAEL R  
Address: 845 MANDALAY AVE  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: MGRM (X) Delete  
Name: RUSSO, MICHAEL A  
Address: 845 MANDALAY AVE  
City-St-Zip: CLEARWATER, FL 33767

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LIGHTCAP, CHARLES L III  
Address: 9769 KLINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32246

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHARLES L. LIGHTCAP III

MGRM

07/21/2009

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