

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000097193

FILED
Apr 20, 2009
Secretary of State**Entity Name:** TAYKAY, LLC**Current Principal Place of Business:**531 S. ECON CIRCLE,
SUITE 1005
OVIEDO, FL 32765**New Principal Place of Business:**572 S. ECON CIRCLE,
SUITE 1000
OVIEDO, FL 32765**Current Mailing Address:**531 S. ECON CIRCLE,
SUITE 1005
OVIEDO, FL 32765**New Mailing Address:**572 S. ECON CIRCLE,
SUITE 1000
OVIEDO, FL 32765**FEI Number:** 35-2348234**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DUBECK, KATHLEEN
2017 DEBORAH DR
ORLANDO, FL 32817 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:** MGRM () Delete
Name: POWERS, ELIZABETH
Address: 531 S. ECON CIRCLE, SUITE 1005
City-St-Zip: OVIEDO, FL 32765**Title:** MGRM () Delete
Name: POWERS, PATRICK
Address: 531 S. ECON CIRCLE, SUITE 1005
City-St-Zip: OVIEDO, FL 32765**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: POWERS, ELIZABETH
Address: 572 S. ECON CIRCLE, SUITE 1000
City-St-Zip: OVIEDO, FL 32765**Title:** MGRM (X) Change () Addition
Name: POWERS, PATRICK
Address: 572 S. ECON CIRCLE, SUITE 1000
City-St-Zip: OVIEDO, FL 32765

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: PATRICK POWERS

MGRM

04/20/2009

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