

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000004759

Entity Name: T KAYNE, LLC

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2529 N. INDIAN RIVER DRIVE  
FORT PIERCE, FL 34946

**New Principal Place of Business:**

**Current Mailing Address:**

2529 N. INDIAN RIVER DRIVE  
FORT PIERCE, FL 34946

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRIMES, TIMOTHY K  
2529 N. INDIAN RIVER DRIVE  
FORT PIERCE, FL 34946 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  
Name: GRIMES, TIMOTHY K  
Address: 2529 N. INDIAN RIVER DRIVE  
City-St-Zip: FORT PIERCE, FL 34946

I hereby 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: TIMOTHY GRIMES

PRES

01/07/2011

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