

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021156

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: TOOLRAMA, LLC

**Current Principal Place of Business:**

3500 N.W. BOCA RATON BLVD., STE. 501  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

3500 N.W. BOCA RATON BLVD., STE. 504  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 03-0378616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, KEM E. ASST  
3500 NW BOCA RATON BLVD  
STE. 504  
BOCA RATON, FL 33431 US

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

CARNEIRO, JULIANA ASST.  
3500 NW BOCA RATON BLVD  
STE. 504  
BOCA RATON, FL 33431 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: JULIANA CARNEIRO

01/09/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ZAKAK, TAWFIK  
Address: 3500 N.W. BOCA RATON BLVD., STE. 504  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete  
Name: KOTZIG, IVAN  
Address: 3500 NW BOCA RATON BLVD, STE 504  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete  
Name: KOTLAR, ANTONIO  
Address: 3500 NW BOCA RATON BLVD, STE 504  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES:**

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

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: TAWFIK ZAKAK

MGRM

01/09/2008

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