

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085159

FILED
Apr 26, 2007
Secretary of State

Entity Name: IF YOU SEE THIS, LLC

Current Principal Place of Business:

259 THIRD STREET NORTH,
ST. PETERSBURG, FL 337013814

New Principal Place of Business:

259 THIRD STREET NORTH,
ST. PETERSBURG, FL 337013818

Current Mailing Address:

259 THIRD STREET NORTH,
ST. PETERSBURG, FL 337013814

New Mailing Address:

259 THIRD STREET NORTH,
ST. PETERSBURG, FL 337013818

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WALLACE, PETER R
259 THIRD STREET NORTH,
ST. PETERSBURG, FL 337013814 US

Name and Address of New Registered Agent:

WALLACE, PETER R
259 THIRD STREET NORTH,
ST. PETERSBURG, FL 337013818 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: _____

04/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WALLACE, DANIEL M
Address: P.O. BOX 30
City-St-Zip: ST. PETERSBURG, FL 337310030

Title: MGR () Delete
Name: HARR, HUDSON
Address: P.O. BOX 30
City-St-Zip: ST. PETERSBURG, FL 337310030

ADDITIONS/CHANGES:

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: DANIEL M. WALLACE

MGR

04/26/2007

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