
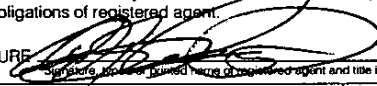



**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90189 001 \*\*\*\*\*50.00  
 03-28-2007 90189 002 \*\*\*\*\*5.00

DOCUMENT # L06000109041			
1. Entity Name 1207 VERMONT, LLC		Principal Place of Business 5906 DIAMOND COURT ST. CLOUD, FL 34770z	
2. Principal Place of Business - No P.O. Box # 5906 DIAMOND COURT Suite, Apt. #, etc.		3. Mailing Address PO BOX 700416 ST. CLOUD, FL 34770	
City & State		4. FEI Number 02072007 Chg-LLC CR2E083 (12/06)	
Zip 34772		Country	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ANDERSON, GORDON JR 5906 DIAMOND COURT ST. CLOUD, FL 34770z		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5906 DIAMOND COURT City FL Zip Code 34772	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  GORDON ANDERSON JR. DATE: 3/27/07 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TELE-MISSIONS INTERNATIONAL, INC. 5906 DIAMOND COURT ST. CLOUD, FL 34770z <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5906 DIAMOND COURT 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  GORDON ANDERSON JR.		DATE: 3/27/07 1:07 898 7510 Daytime Phone #	