

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014778

**FILED**  
**Apr 11, 2007**  
**Secretary of State**

**Entity Name:** ASAMANTHINKETH.NET SEMINARS LLC

**Current Principal Place of Business:**

PO BOX 2087  
ST AUGUSTINE, FL 32085 US

**New Principal Place of Business:**

298 SE 5TH AVE  
MELROSE, FL 32666 US

**Current Mailing Address:**

PO BOX 2087  
ST AUGUSTINE, FL 32085 US

**New Mailing Address:**

PO BOX 1220  
MELROSE, FL 32666 US

**FEI Number:** 20-4284383

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, VIC  
693 SAND ISLES CIRCLE  
PONTE VEDRA BEACH, FL 32082 US

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

JOHNSON, VIC  
298 SE 5TH AVE  
MELROSE, FL 32666 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: VIC JOHNSON

04/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JOHNSON, VIC  
Address: 693 SAND ISLES CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JOHNSON, VIC  
Address: 298 SE 5TH AVE  
City-St-Zip: MELROSE, FL 32666 US

I hereby certify that the information supplied with this filing does not qualify for the 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: VIC JOHNSON

MGRM

04/11/2007

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