

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006340

FILED
Apr 25, 2007
Secretary of State

Entity Name: CLASSIFIED TECHNOLOGIES GROUP, L.L.C.

Current Principal Place of Business:

410 S WARE BLVD
SUITE 303
TAMPA, FL 33619

New Principal Place of Business:

410 S. WARE BLVD
SUITE 303
TAMPA, FL 33619

Current Mailing Address:

410 S WARE BLVD
SUITE 303
TAMPA, FL 33619

New Mailing Address:

410 S. WARE BLVD
SUITE 303
TAMPA, FL 33619

FEI Number: 59-3653595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANTON, W.J. P.A.
999 PONCE DE LEON BLVD
PENTHOUSE 1110
CORAL GABLES, FL 33134 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: PD () Delete
Name: MANDT, AJ MARCUM
Address: 201 KELSEY LANE
City-St-Zip: TAMPA, FL 33619

Title: SD () Delete
Name: MANDT, R.D.
Address: 201 KELSEY LANE
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: MANDT, MICHAEL
Address: 201 KELSEY LANE
City-St-Zip: TAMPA, FL 33619

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: AJ MARCUM MANDT

PD

04/25/2007

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