

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000890

FILED
Aug 19, 2004
Secretary of State

Entity Name: TRAFFICSTRATEGIES.COM, LLC

Current Principal Place of Business:

4010 W STATE STREET
TAMPA, FL 33604

New Principal Place of Business:

100 S ASHLEY DR.
1230
TAMPA, FL 33602

Current Mailing Address:

4010 W STATE STREET
TAMPA, FL 33604

New Mailing Address:

100 S ASHLEY DR.
1230
TAMPA, FL 33602

FEI Number: 59-3705369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLURE, MARK
4010 W. STATE STREET
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

MCCLURE, MARK
100 S ASHLEY DR.
1230
TAMPA, FL 33602 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:

08/19/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MCCLURE, MARK
Address: 4010 W STATE STREET
City-St-Zip: TAMPA, FL 33609

Title: MGRM () Delete
Name: MCCLURE, WILLIAM C
Address: 774 S. VILLAGE CIRCLE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCCLURE, MARK
Address: 100 S ASHLEY DR. SUITE 1230
City-St-Zip: TAMPA, FL 33609

Title: MGRM (X) Change () Addition
Name: MCCLURE, WILLIAM C
Address: 774 S. VILLAGE CIRCLE
City-St-Zip: TAMPA, FL 32606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARK MCCLURE

MGRM

08/19/2004

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