

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000890

**FILED**  
**Jan 23, 2007**  
**Secretary of State**

**Entity Name:** TRAFFICSTRATEGIES.COM, LLC

**Current Principal Place of Business:**

100 S ASHLEY DR.  
1230  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

100 S ASHLEY DR.  
1230  
TAMPA, FL 33602

**New Mailing Address:**

**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  
100 S ASHLEY DR.  
1230  
TAMPA, FL 33602 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:** MGRM ( ) Delete  
**Name:** MCCLURE, MARK  
**Address:** 100 S ASHLEY DR. SUITE 1230  
**City-St-Zip:** TAMPA, FL 33609

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

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** MCCLURE, WILLIAM C  
**Address:** 2821 SOUTH 58TH STREET  
**City-St-Zip:** FORT SMITH, AR 72903

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: MARK MCCLURE

MGRM

01/23/2007

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