

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009502

Entity Name: FUNERALREVIEW.COM, L.L.C.

FILED  
Jan 27, 2007  
Secretary of State

**Current Principal Place of Business:**

2201 DR. M.L. KING STREET NORTH  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

2201 DR. M.L. KING STREET NORTH  
ST. PETERSBURG, FL 33704

**New Mailing Address:**

FEI Number: 59-3728337

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCQUEEN, JOHN T  
C/O ANDERSON-MCQUEEN COMPANY  
2201 - NINTH STREET NORTH  
ST. PETERSBURG, FL 33704 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: MGR ( ) Delete  
Name: MCQUEEN, JOHN T  
Address: 2201 NINTH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33704

**ADDITIONS/CHANGES:**

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

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: JOHN T. MCQUEEN

MGR

01/27/2007

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