

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90167 001 \*\*\*200.00

**DOCUMENT # L01000017292**

1. Entity Name  
TOB TRADE SHOW, LLC



Principal Place of Business  
1792 CRANBERRY ISLE WAY  
APOPKA, FL 32712

Mailing Address  
1792 CRANBERRY ISLE WAY  
APOPKA, FL 32712

**30002994**



02132007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 80-0005747	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

BORES, DONALD J SR  
1792 CRANBERRY ISLE WAY  
APOPKA, FL 32712

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALSH, PAUL R JR 1904 CANYONWOOD CT. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KIRKWOOD, MICHAEL 28 ASH ST. BASKING RIDGE, NJ 07920
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VISCIDI, PHILLIP 68 KINGSBURY ST. WELLESLEY, MA 02451
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BORES, DONALD SR 1792 CRANBERRY ISLE WAY APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #