


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90149 008 ***138.75

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		
2. Principal Place of Business - No P.O. Box # 6401 Carmel Road Suite, Apt. #, etc. Suite 204 City & State Charlotte, NC Zip 28226		3. Mailing Address 6401 Carmel Road Suite, Apt. #, etc. Suite 204 City & State Charlotte, NC Zip 28226		02192008 Chg-LLC CR2E083 (12/06)	
Country USA		Country USA		4. FEI Number 80-0005747	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BORES, DONALD J SR 1792 CRANBERRY ISLE WAY APOPKA, FL 32712			7. Name and Address of New Registered Agent Name Sean Bogle, Esq. Street Address (P.O. Box Number is Not Acceptable) 706 Turnbull Ave., Suite 203 City Altamonte Springs, FL Zip Code 32701		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALSH, PAUL R JR 1904 CANYONWOOD CT. VALRICO, FL 33594	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRKWOOD, MICHAEL 28 ASH ST. BASKING RIDGE, NJ 07920	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VISCIDI, PHILLIP 68 KINGSBURY ST. WELLESLEY, MA 02451	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BORES, DONALD SR 1792 CRANBERRY ISLE WAY APOPKA, FL 32712	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date _____ Daytime Phone # _____	