2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020950

ROENISBERGER, RICK

NEW YORK, NY 10019

NEW YORK, NY 10019

MGRM

PICACHE, KEN

1301 AVENUE OF AMERICA 38TH FL

() Delete

1301 AVENUE OF AMERICA 38TH FL

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: INTERNATIONAL CLUB SUPPLIERS, LLC

FILED Apr 09, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
18302 HIGHWOODS PRESERVE PARKWAY, STE. 300 TAMPA, FL 33647				18302 HIGHWOODS PRESERVE PARKWAY STE 300 TAMPA, FL 33647	
Current Mailing Address:				New Mailing Address:	
18302 HIGHWOODS PRESERVE PARKWAY, STE. 300 TAMPA, FL 33647			18302 HIGHWOODS PRESERVE PARKWAY STE 300 TAMPA, FL 33647		
FEI Number:	59-3757205	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
SARTAIN, JAMES K 18302 HIGHWOODS PRESERVE PARKWAY, STE. 300 TAMPA, FL 33647 US			SARTAIN, JAMES K 18302 HIGHWOODS PRESERVE PARKWAY STE 300 TAMPA, FL 33647 US		
The above in the State		ubmits this statement for the pur	rpose o	f changing its registere	ed office or registered agent, or both
SIGNATURE: JAMES SARTAIN				04/09/2007	
	Electroni	c Signature of Registered Agen	t		Date
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	SARTAIN, JAME	ODS PRESERVE PARKWAY, STE. 30	0	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	BAILEY, JAMES	ODS PRESERVE PARKWAY, STE. 30	0	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SARTAIN, CHAD	ODS PRESERVE PARKWAY, STE. 30	0	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	MGRM ()	Delete		Title:	() Change () Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: JAMES SARTAIN **MGRM** 04/09/2007