


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90018 014 ****50.00

DOCUMENT # L01000022742	
--------------------------------	---

1. Entity Name
ADVANTAGE BUNDLING SP, LLC

Principal Place of Business 1001 WEST HASMINE DRIVE SUITE H LAKE PARK, FL 33403	Mailing Address PO BOX 530606 LAKE PARK, FL 33403
--	---

2. Principal Place of Business 1001 West Jasmine Dr.	3. Mailing Address
---	--------------------



Suite, Apt. #, etc. Suite H	Suite, Apt. #, etc.
--------------------------------	---------------------

04122004 Chg-LLC CR2E083 (10/03)

City & State Lake Park FL	City & State
------------------------------	--------------

4. FEI Number 04-3589719	Applied For Not Applicable
-----------------------------	-------------------------------

Zip 33403	Country USA	Zip	Country
--------------	----------------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEPPER-DICKINSON, TASHA K
340 ROYAL PALM WAY, SUITE 100
MURPHY, REID, PILOTTE, ORD
PALM BEACH, FL 33480

Name Pepper-Dickinson, Tasha K., Esq.
Street Address (P.O. Box Number is Not Acceptable) 7000 West Palmetto Park Road
Suite Suite 310
City Boca Raton
FL Zip Code 33433

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMALL, PAULA 277 MARLBERRY CIRCLE JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 257 marlberry Circle Jupiter FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMALL, JOSEPH 277 MARLBERRY CIRCLE JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 257 marlberry Circle Jupiter FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	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	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	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 exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/12/04 561-848-4780
Date Daytime Phone #