

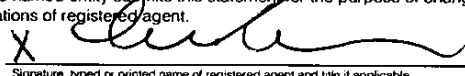
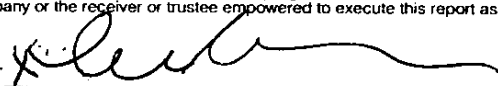


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90109 027 \*\*\*150.00

<b>DOCUMENT # L02000004956</b> 1. Entity Name <b>TECH-MARKETING COMMUNICATIONS GROUP L.L.C.</b>					
Principal Place of Business <b>15001 SW 256TH STREET HOMESTEAD, FL 33032</b>			Mailing Address <b>15001 SW 256TH STREET HOMESTEAD, FL 33032</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>12011 SW 129th CT Unit #4</b>			
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>		4. FEI Number <b>41-2028776</b>	
Zip <b>33186</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RICHARDSON, LARRY W 15001 S.W. 256TH ST HOMESTEAD, FL 33032</b>				7. Name and Address of New Registered Agent Name <b>RICHARDSON, LARRY W</b> Street Address (P.O. Box Number is Not Acceptable) <b>12011 SW 129th CT, Unit #4</b> City <b>Miami FL</b> Zip Code <b>33186</b>	
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  DATE <b>7-12-2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDSON, LARRY W 15001 SW 256TH STREET HOMESTEAD, FL 33032	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDSON, LARRY W 12011 SW 129th CT, Unit #4 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDSON, MARGARET D 15001 SW 256TH STREET HOMESTEAD, FL 33032	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDSON, MARGARET D 12011 SW 129th CT, Unit #4 MIAMI FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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"/> Change <input type="checkbox"/> Addition		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"/> Change <input type="checkbox"/> Addition		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: 				7-12-05 305 252-7727	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	