## 2007 LIMITED LIABILITY COMPANY

SIGNATURE:

PRINTED NAME OF

## May 18, 2007 8:00 am ANNUAL REPORT . **Secretary of State DOCUMENT # L02000013623** 1. Entity Name EVENTIONS, LLC 05-18-2007 90221 023 \*\*\*\*50.00 Principal Place of Business Mailing Address 1138 E. TENNESSEE ST. 1175. Gadsden 1138 E. TENNESSEE ST. 401-TALLAHASSEE, FL 32301-32301 TALLAHASSEE, FL 32308 TOTAL 05022007 No Chg-LLC CR2E083 (11/05) DO:NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0703603 Not Applicable The second secon \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTIN, JOSEPH A JR. DO NOT WRITE 3766 CHASERIDGE COURT TALLAHASSEE, FL 32303 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 (NOTE: Registered Agent signature required when reinstating) Fifing Fee is \$50.00 Due by September 14, 2007 MANAGING MEMBERS/MANAGERS 9. TITLE NAME FELINA, MARTIN HOOE TENNESSEE OT 1175. Gadsden STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL -02000-TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CRY-ST-ZP TITLE HAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 flability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

S MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone &