

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000028892**

1. Entity Name  
**TAKE ONE MARKETING & PROMOTIONS, LLC.**



Principal Place of Business

**306 KRUEGER STREET  
ORLANDO, FL 32839**

Mailing Address

**306 KRUEGER STREET  
ORLANDO, FL 32839**



02142004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**71-0910906**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CIOE, BRENDA M  
306 KRUEGER STREET  
ORLANDO, FL 32839**

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U000000061005  
02/23/04-80061-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	CIOE, BRENDA M MS.
STREET ADDRESS	306 KRUEGER STREET
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	MGRM
NAME	MOTT, DOUGLAS MR.
STREET ADDRESS	306 KRUEGER STREET
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #