


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 21 AM 11:37

DOCUMENT # L03000013259					
1. Entity Name CHRISTOPHER MARKETING SERVICES, L.L.C.					
Principal Place of Business 2699 SOUTH BAYSHORE DRIVE MIAMI, FL 33133			Mailing Address 2699 SOUTH BAYSHORE DRIVE MIAMI, FL 33133		
2. Principal Place of Business 11119 WIGHTMAN DRIVE		3. Mailing Address 11119 WIGHTMAN DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WELLINGTON, FL		City & State WELLINGTON, FL		4. FEI Number 26-0064769	
Zip 33414		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMAR, STEVEN 2699 SOUTH BAYSHORE DRIVE MIAMI, FL 33133			7. Name and Address of New Registered Agent Name CHRISTOPHER CLOUSER Street Address (P.O. Box Number is Not Acceptable) 11119 WIGHTMAN DRIVE City WELLINGTON FL Zip Code 33414		
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 CHRISTOPHER E. CLOUSER <i>Christopher Clouser</i> DATE 7/13/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLOUSER, CHRISTOPHER E 1119 WIGHTMAN DRIVE WELLINGTON, FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRISTOPHER E. CLOUSER 11119 WIGHTMAN DRIVE WELLINGTON, FL 33414	<input checked="" 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	900078285583 08/02/06--01064--030 ***50.00	<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 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Christopher Clouser</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 7/17/06 DAYTIME PHONE # 547901221		