


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000023335	
1. Entity Name JUDYDEE, LLC	

Principal Place of Business 1723 MAGDALENE MANOR DRIVE TAMPA, FL 33613	Mailing Address C/O REACHUSA 9933 ALLIANCE RD CINCINNATI, OH 45242
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**DO NOT WRITE IN THIS SPACE**



03052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 51-0475412	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DELUCA, JUDY  
 1723 MAGDALENE MANOR DRIVE  
 TAMPA, FL 33613

**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 Judy Deluca DATE 5/14/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

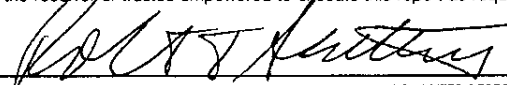
**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SLATTERY, ROBERT J 9933 ALLIANCE RD CINCINNATI, OH 45242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

J00000690944  
 04/12/07-80011-004 50.00

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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:  DATE 3/15/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #