2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027848

Entity Name: THE BYTE SHOP, LLC

City-St-Zip:

NAPLES, FL 34103

FILED Jan 03, 2007 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 4520 TAMIAMI TRAIL N. NAPLES, FL 34103 **Current Mailing Address: New Mailing Address:** 4520 TAMIAMI TRAIL N. NAPLES, FL 34103 FEI Number: 47-0918370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, TED 9140 GOLÉSIDE DR. SUITE #11 NORTH JACKSONVILLE, FL 32256 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete WEXELL, JIMMIE DALE Name: Name: Address: 4520 TAMIAMI TRAIL N. Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: WEXELL, FRANCES MARION Name: Address: 4520 TAMIAMI TRAIL N. Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WEXELL, GREGORY JAMES Name: Name: 4520 TAMIAMI TRAIL N. Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: JIMMIE DALE WEXEL MGRM 01/03/2007