

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031607

Entity Name: MYEMATCH.COM, LLC

FILED  
May 03, 2004  
Secretary of State

## Current Principal Place of Business:

5279 ISLA KEY BLVD.  
NO. 214  
ST. PETERSBURG, FL 33715

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 66535  
ST. PETE BEACH, FL 33736

## New Mailing Address:

FEI Number: 41-2106397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JAMES, JESSE  
5279 ISLA KEY BLVD.  
NO. 214  
ST. PETERSBURG, FL 33715 US

## Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM ( ) Delete  
Name: JAMES, JESSE  
Address: 5279 ISLA KEY BLVD.  
City-St-Zip: ST. PETERSBURG, FL 33715

Title: MGRM ( ) Delete  
Name: JAMES, SOOK CHO  
Address: 5279 ISLA KEY BLVD.  
City-St-Zip: ST. PETERSBURG, FL 33715

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: JAMES, JESSE  
Address: 5279 ISLA KEY BLVD., #214  
City-St-Zip: ST. PETERSBURG, FL 33715

Title: MGRM (X) Change ( ) Addition  
Name: JAMES, SOOK CHO  
Address: 5279 ISLA KEY BLVD., #214  
City-St-Zip: ST. PETERSBURG, FL 33715

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

SIGNATURE: JESSE H. JAMES

CEO

05/03/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date