


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 03, 2006 8:00 am**  
**Secretary of State**

08-03-2006 90072 047 \*\*\*\*50.00

<b>DOCUMENT # L03000052690</b>	
1. Entity Name <b>PROMO ONE SOURCE, LLC</b>	

Principal Place of Business <b>HOME OFFICE 11959 US HWY 301 N THONOTOSASSA, FL 33592</b>	Mailing Address <b>510 HERCHEL DRIVE TEMPLE TERRACE, FL 33617</b>
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2. Principal Place of Business <b>Home office</b>	3. Mailing Address <b>PO Box 6038</b>
Suite, Apt. #, etc. <b>3413 Fiddleleaf way</b>	Suite, Apt. #, etc.
City & State <b>Lakeland, FL</b>	City & State <b>Lakeland, FL</b>
Zip <b>33811</b>	Country <b>US</b>
Zip <b>33807</b>	Country <b>US</b>

07282006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-0514183</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CEPERO, LEE 11959 US HIGHWAY 301 NORTH THONOTOSASSA, FL 33592</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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]* (NOTE: Registered Agent signature required when reappointing) DATE: 7/28/06

<b>Filing Fee is \$50.00 Due by September 6, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LEE, CEPERO 11959 US HWY 301 N. THONOTOSASSA, FL 33592</b> <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
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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: *[Signature]* DATE: 7/28/06 813 598 1234