

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053323

Entity Name: LTR MARKETING LLC

FILED  
Jul 10, 2007  
Secretary of State

## Current Principal Place of Business:

2640 WOOD POINTE DR  
HOLIDAY, FL 34691

## New Principal Place of Business:

20308 LACE CASCADE RD  
LAND O LAKES, FL 34637

## Current Mailing Address:

2640 WOOD POINTE DRIVE  
HOLIDAY, FL 34691

## New Mailing Address:

20308 LACE CASCADE RD  
LAND O LAKES, FL 34637

FEI Number: 83-0379642      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MASTRODONATO, RON  
2640 WOOD POINTE DRIVE  
HOLIDAY, FL 34691      US

## Name and Address of New Registered Agent:

MASTRODONATO, RON  
20308 LACE CASCADE RD  
LAND O LAKES, FL 34637      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: \_\_\_\_\_

07/10/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: MASTRODONATO, RON  
Address: 2640 WOOD POINTE DRIVE  
City-St-Zip: HOLIDAY, FL 34691

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: MASTRODONATO, RON  
Address: 20308 LACE CASCADE RD  
City-St-Zip: LAND O LAKES, FL 34637

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: RON MASTRODONATO

MGRM

07/10/2007

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