

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000924

Entity Name: THE IGNITION GROUP, LLC

FILED  
May 21, 2007  
Secretary of State

**Current Principal Place of Business:**

480 SAWGRASS CORPORATE PARKWAY  
SUITE 200  
SUNRISE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

480 SAWGRASS CORPORATE PARKWAY  
SUITE 200  
SUNRISE, FL 33325

**New Mailing Address:**

FEI Number: 20-0554329      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:**

GROFFMAN, AARON  
2450 HOLLYWOOD BLVD, STE 603  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

GROFFMAN, AARON  
480 SAWGRASS CORPORATE PARKWAY  
SUITE 200  
SUNRISE, FL 33325 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: AARON GROFFMAN

05/21/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GROFFMAN, AARON  
Address: 2450 HOLLYWOOD BLVD, STE 603  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GROFFMAN, AARON  
Address: 480 SAWGRASS CORPORATE PARKWAY, SUITE 200  
City-St-Zip: SUNRISE, FL 33325

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: AARON GROFFMAN

MRG

05/21/2007

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