2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000022813

1. Entity Name

THE CARTRIDGE DEPOT, LLC



FILED Jul 10, 2007 08:00 AM Secretary of State

Principal Place of Business

17133 ERICAROSE COURT BOCA RATON, FL 33496 Mailing Address

10324 S. DOLFIELD RD. OWINGS MILLS, MD 21117



07062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1224635 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLUM, KENNETH SR 17133 ERICAROSE COURT BOCA RATON, FL 33496

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		***	THO OF AGE
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, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by September 14, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE Name Street address City-St-Zip	MGR KAB MANAGEMENT CONSULTANTS, INC. 17133 ERICAROSE COURT BOCA RATON, FL 33496		.000000767695 07/10/07-80014-023 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLUM II, KENNETH L 10324 S. DOLFIELD ROAD OWINGS MILLS, MD 21117		077 Ter 01 00617 0E3 30,00
IITLE Name Street address City-St-Zip		ро	NOT WRITE
TITLE Wake Street Address City-St-Zip		IN '	THIS SPACE
TITLE NAME STREET ADORESS CITY-ST-ZIP			

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/4/07

800-914-5828 X148

Daytime Phone #