2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

7.

FILED
Aug 12, 2005 8:00 am
Secretary of State
07-15-2005 90065 025 ****50.00

DOCUMENT # L04000023059

1. Entity Name
PASSPORT SALES AND MARKETING, LLC

Principal Place of Business	Mailing Address
5920 JOHNSON ST. 107 HOLLYWOOD, FL 33021 US	PO BOX 816757 HOLLYWOOD, FL 33021 US

07112005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
3550 WASHINGTON ST.		3550 WASHINGTON ST.	
Suite, Apt. #, etc.: 501 B		Suite, Apt. #, etc.: 501 B	
City & State: HOLLYWOOD FL		City & State: HOLLYWOOD FL	
Zip: 33021	Country: USA	Zip: 33021	Country: USA

4. FEI Number: 56-2447414 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AUSTIN, CARLY 5920 JOHNSON ST. SUITE 107 HOLLYWOOD, FL 33021	Name: Street Address (P.O. Box Number is Not Acceptable): 3550 WASHINGTON ST. #501 B City: HOLLYWOOD FL Zip Code: 33021

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]
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 7, 2005

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AUSTIN, CARLY 5920 JOHNSON ST. SUITE 107 HOLLYWOOD, FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3550 WASHINGTON ST., #501 B HOLLYWOOD FL 33021	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #