## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 30, 2007 8:00 am Secretary of State DOCUMENT # L04000034656 04-30-2007 90048 046 \*\*\*\*50.00 MARKETING SOLUTIONS GROUP, LLC Principal Place of Business Mailing Address 125 E. MARKS STREET 125 E. MARKS STREET 60043579 ORLANDO, FL 32803 ORLANDO, FL 32803 04232007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 34-1993649 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KESSLER, PETER DO NOT WRITE 125 E. MARKS STREET ORLANDO, FL 32803 IN THIS SPACE 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 May 1, 2007 MANAGING MEMBERS/MANAGERS 9. **MGRM** TITLE KESSLER, PETER NAME STREET ADDRESS 3000 WESTCHESTER AVENUE ORLANDO, FL 32803 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 by 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 of trustee embowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Date

Daytime Phone #

**FILED**