FILED
07 AUG 29 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000041698

1. Entity Name
GIVEFUN.COM, LLC

BK

Principal Place of Business	Mailing Address
2727 HILOLA STREET COCONUT GROVE, FL 33133 US	2727 HILOLA STREET COCONUT GROVE, FL 33133 US

08292007 Chg-LLC CR2E063 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	1437 Pleasant Oaks Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Thousand Oaks, CA
Zip / Country	Zip: 91362 / Country: USA

4. FEI Number: 51-0516216 ☐ 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
BROWN-GONZALEZ, MELINDA 2727 HILOLA STREET COCONUT GROVE, FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. ENTITY Registered Agent signature required when reinstating)

Filing Fee is $88.00
Due by September 14, 2007

BK

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RAZ, MIRI 4834 VIA CAMINO THOUSAND OAKS, CA 91320	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Marilu Brassington 1437 Pleasant Oaks Place Thousand Oaks, CA 91362 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ABERSON, TAMMY 4834 VIA CAMINO THOUSAND OAKS, CA 91320	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700109129997 09/06/07--01039--015 **55.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BROWN-GONZALEY, MELINDA 2727 HILOLA STREET COCONUT GROVE, FL 33133	☐ 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
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 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: _____ 8/28/07
(REQUIRED) (TYPED OR PRINTED NAME OF PERSON SIGNING) (MANAGER, OR AUTHORIZED REPRESENTATIVE) Date Daytime Phone #