

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90167 001 ***200.00

DOCUMENT # L04000056424

1. Entity Name
TOB SPECIALTY PRODUCTS, L.L.C.



Principal Place of Business
1792 CRANBERRY ISLES WAY
APOPKA, FL 33712

Mailing Address
1792 CRANBERRY ISLES WAY
APOPKA, FL 33712

30002996



02132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1486271	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

BOGLE, SEAN ESQUIRE
706 TURNBULL AVE., SUITE 203
ALTAMONTE SPRINGS, FL 32701

**DO NOT WRITE
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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOGE, PAUL 7105 MARSHVILLE BLVD MARSHVILLE, NC 28103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CONSULTANTS TO INDUSTRY, INC. 1792 CRANBERRY ISLES WY APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PVMC, INC. 1904 CANYONWOOD CT VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCGAYCEE, INC. 28 ASH ST BASKING RIDGE, NJ 07920
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VICSIDI COMMUNICATIONS, INC. ONE HOLLIS ST, STE 305 WELLESLEY, MA 02482
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LILY AND ASSOCIATES, INC. 15 LOUIS ST HICKSVILLE, NY 11801

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #