2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

UNIOUE CONCEPTS IN MARKETING LLC OB APR 16 AM 10: 58 ECRETARY OF STATE ITSS ORCENSIADO DR ITSS ORCENSI	DOCUMENT # L04000060176							ILED				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apil. #, etc. Suite Apil. #, otc. O4162008 Chip. LLC CAZE093 (12/06) City & State City &	1. Entity Name UNIQUE CONCEPTS IN MARKETING LLC						08 APR	16 AMIN-E	8			
Suite, Apt. 4, etc. City & State City & City & State City & Cit	1189 GREEN	SWARD DR		Mailing Address 1189 GREENSWARD DR TALLAHASSEE, FL 32312								
City & State Cay & State Cay & Cay & State Cay &	Principal Place of Business - No P.O. Box # Mailing Address											
To Country	Suite, Apt. #, etc.			Suite, Apt. #. etc.			04162008	Chg-LLC	CR2E083 (12/06)		
9. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1189 GREENSWARD DR TALLAHASSEE, FL 32312 City City FL Zip Code 8. The above named emity submise this statement for the purpose of changing its registered agent, or both, in the State of Florida. Jam familiar with, and accept the delignations of registered agent. SIGNATURE THE NOWILL FEE IS \$136.75 Make chack payable to Florida Department of State FORENCE, DENNIS ITILE ACCITY FL Zip Code Street Address (P.O. Box Number is Not Acceptable) The Address of Florida Jam familiar with, and accept the delignations of registered agent, or both, in the State of Florida. Jam familiar with, and accept the delignations of registered agent, or both, in the State of Florida. Jam familiar with, and accept the delignations of registered agent, or both, in the State of Florida. Jam familiar with, and accept the delignations of registered agent, or both, in the State of Florida. Jam familiar with, and accept the delignations of registered agent, or both, in the State of Florida. Jam familiar with, and accept the delignations of registered agent, or both, in the State of Florida. Jam familiar with, and accept the delignation of Florida Department of State FILE NOWILL FEE IS \$136.75 Make chack payable to Florida Department of State Florida Department of State ITILE MARK FLORENCE, DENNIS SHER ADDRESS OIT \$1.79 TALLAHASSEE, FL 32312 Delets THE NAME SHER ADDRESS OIT \$1.79 TALLAHASSEE, FL 32312 Delets THE NAME SHER ADDRESS OIT \$1.79 TALLAHASSEE, FL 32312 Delets THE NAME SHER ADDRESS OIT \$1.79 TALLAHASSEE, FL 32312 Delets THE NAME SHER ADDRESS OIT \$1.79 TALLAHASSEE, FL 32312 Delets THE NAME SHER ADDRESS OIT \$1.79 TALLAHASSEE, FL 32312 Delets THE NAME SHER ADDRESS OIT \$1.79 TALLAHASSEE, FL 32312 Delets THE NAME SHER ADDRESS OIT \$1.79 TALLAHASSEE, FL 32312 Delets THE NAME SHER ADDRESS OIT \$1.79 TALLAHASSEE, FL 32312 Delets THE NAME SHER ADDRESS OIT \$1.79 TALLAHASSEE, FL 32312 Del	City & State						1			Not	Applicable	
Name	Zip	Country				ntry	5. Certificate of Status Desired Fee Required					
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Co		6. Name	and Address of Current R	egistered Agent								
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	1189 GREENSWARD DR					Street Address (P.O. Box Number is Not Acceptable)						
THE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Managing Members/Managers 19						City FL Zip Code						
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State												
9. MANAGING MEMBERS / MANAGERS 19 ADDITIONS / CHANGES MORM	SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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: A-16-08	NAME STREET ADDRESS			☐ Delete	NAM STR	AE EET ADDRESS				Change	Addition	
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	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											
	SIGNAT		Lanni Ples AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MAI	NAGER, D	R AUTHORIZED REPRE			Daytime	Phone #		