2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 13, 2008 8:00 am Secretary of State 02-13-2008 90063 015 ***138.75

DOCUMENT # L04000071809 1. Entity Name THAT AGENCY LLC						90063 015 ***13	8.75	
	DIXIE HWY BEACH, FL 33401 US	Mailing Address 120 SOUTH DIXIE HWY SUITE 203 WEST PALM BEACH, FL	33401 US					
2. Principal Place of Business - No P.O. Box#		3. Mailing Address 120 S. Dixie Huy						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0208200	8 Chg-LLC	CR2E083 (12/06)		
West	Polm Beach FC	West Polm	Beach	FC 4. FEI Num 20-17	nber 721271	- 1−- -	pplied For ot Applicable	
^{Zip} 334	Country	33401	Country	5. Certifica	ate of Status Desired	55.00 Add Fee Require		
	6. Name and Address of Current F	Registered Agent		7. Name a	nd Address of New Ro	egistered Agent		
TEUBNER	WILLIAM		Name					
120 SOUTH-DIXIE HWY				Street Address (P.O. Box Number is Not Acceptable)/				
SUITE 203	M BEACH, FL 33401		5		201			
	,		City 6		m Beach	FL Zip Cod	3401	
	named entity submits this statement for	the purpose of changing its re			both, in the State of Flo			
1	ions of registered agent.				2	Most		
SIGNATURÉ .	Signature, typed or pripted name of registered agent a	ord title if explicable (NOTE: 6	Registered Agent signature	a saa waa daabaa saasaa saasaa saasaa		DATE		
	3,223,4,551,0,5	ind the inapplicable. (NOTE:1	ragistereti Agant signaturi	e required when relinstating)		DATE		
	NOWIII FEE IS \$138.75 7 1, 2008 Fee will be \$538.75		registered Agent signatur	e required when routstaining	Make	check payable to Department of State	9 ;	
	NOWIII FEE IS \$138.75		10.	e required when reinstating)	Make	e check payable to Department of State	B ;	
9.	NOWILL FEE IS \$138.75 71, 2008 Fee will be \$538.75 MANAGING MEMBER MGRM		10.	e required when relinsaling)	Make Florida	e check payable to Department of State	Addition	
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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.

CITY-ST-ZIP

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

CITY-ST-ZIP

832-6262