


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90044 009 ****55.00

DOCUMENT # L04000077901 1. Entity Name PEDONE MARKETING ASSOCIATES, LLC					
Principal Place of Business 5614 GRANT STREET HOLLYWOOD, FL 33021			Mailing Address 5614 GRANT STREET HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box # 5731 Farragut Street Suite, Apt. #, etc.		3. Mailing Address 5731 Farragut Street Suite, Apt. #, etc.			
City & State Hollywood, Florida		City & State Hollywood, FL		4. FEI Number NOT APPLICABLE	
Zip 33021	Country USA	Zip 33021	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PEDONE, CAROL LORRAINE 5614 GRANT STREET HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name PEDONE, CAROL LORRAINE Street Address (P.O. Box Number is Not Acceptable) 5731 Farragut Street City Hollywood FL Zip Code 33021	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEDONE, CAROL LORRAINE 5614 GRANT STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Carol Lorraine Pedone</u> <u>4/23/07 (954) 986-4345</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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