2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED Feb 25, 2008 08:00 AN Secretary of State DOCUMENT # L04000077901 PEDONE MARKETING ASSOCIATES, LLC Principal Place of Business Mailing Address 5731 FARRAGUT ST HOLLYWOOD FL 33021 5731 FARRAGUT ST HOLLYWOOD FL 33021 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E083 (10/07) 1st MOORE City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applicable Zip Country Country 7in \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEDONE, CAROL LORRAINE Street Address (P.O. Box Number is Not Acceptable) **5731 FARRAGUT ST** HOLLYWOOD FL 33021 City Z_ip 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 Signature, typed or or medinarie of registered agent and title if applicance tNOTE Raustened Alient signature required when remarkings DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM Steled 🔲 TITLE Стапае ☐ Addition TITLE NAME PEDONE, CAROL LORRAINE NAME U00000838294 03/05/08-80023-023 143.75 STREET ADDRESS 5614 GRANT STREET STREET ADDRESS City-St-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP THILE ☐ Delete THLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY - ST - 7IF CITY-ST-ZIP TITLE Delete Hitt ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7/P TITLE Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP Addition TITLE ☐ Delete THEE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP

SIGNATURE: Carol Lordone Pedone CAROL LORRAINE PRODUE 2/10/08 (954)9864395

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

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11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.