


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 14, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L04000083274</b><br>1. Entity Name<br><b>PATTERSON MARKETING SERVICES LLC</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>4913 FAUNA DRIVE<br/>MELBOURNE, FL 32934</b> | Mailing Address<br><b>4913 FAUNA DRIVE<br/>MELBOURNE, FL 32934</b> |
|--|--|



08092007No Chg-LLC

CR2E083 (11/05)

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|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>20-1909943</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|--|---------------------------------------|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>PATTERSON, BRADLEY S<br/>4913 FAUNA DRIVE<br/>MELBOURNE, FL 32734</b> |
|---|

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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

**Filing Fee Is \$50.00  
Due by September 14, 2007**

| 9. MANAGING MEMBERS/MANAGERS                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>PATTERSON, BRADLEY SCOTT<br>4913 FAUNA DRIVE<br>MELBOURNE, FL 32934 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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09/14/07-80005-018 55.00

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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.

|   |                                      |   |
|---|--------------------------------------|---|
| <b>SIGNATURE:</b>  <b>PRESIDENT</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <b>9/2/07</b><br><small>Date</small> | <b>321/961-9981</b><br><small>Daytime Phone #</small> |
|---|--------------------------------------|---|

**BRADLEY S. PATTERSON**