

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000003853

Entity Name: NOMOREPOINTS.COM, LLC

**FILED**  
**Jan 16, 2007**  
**Secretary of State**

## **Current Principal Place of Business:**

5024 BUTLER RIDGE DRIVE  
WINDERMERE, FL 34786

## **New Principal Place of Business:**

860 NORTH ORANGE AVENUE  
SUITE B  
ORLANDO, FL 32801

## **Current Mailing Address:**

5024 BUTLER RIDGE DRIVE  
WINDERMERE, FL 34786

## **New Mailing Address:**

860 NORTH ORANGE AVENUE  
SUITE B  
ORLANDO, FL 32801

FEI Number: 20-2151681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

ROSS, BRIDGETTE M  
5024 BUTLER RIDGE DRIVE  
WINDERMERE, FL 34786 US

## **Name and Address of New Registered Agent:**

ROSS, BRIDGETTE M  
860 NORTH ORANGE AVENUE  
SUITE B  
ORLANDO, FL 32801 US

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.

SIGNATURE: BRIDGETTE M. ROSS

01/16/2007

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROSS, BRIDGETTE M  
Address: 5024 BUTLER RIDGE DRIVE  
City-St-Zip: WINDERMERE, FL 34786

## **ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ROSS, BRIDGETTE M  
Address: 860 NORTH ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIDGETTE M. ROSS

MGR

01/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date