

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050806

Entity Name: TSHIZZLE.COM LLC

FILED  
Jul 27, 2007  
Secretary of State

**Current Principal Place of Business:**

6590 NW 25TH CT  
SUNRISE, FL 33313 US

**New Principal Place of Business:**

**Current Mailing Address:**

7000 NW 17TH ST  
UNIT 405  
PLANTATION, FL 33313 US

**New Mailing Address:**

FEI Number: 20-2896432      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., SUITE 101  
TALLAHASSEE, FL 323012960 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCINNES, RICKY  
Address: 7000 NW 17TH ST UNIT 405  
City-St-Zip: PLANTATION, FL 33313

Title: MGRM ( ) Delete  
Name: MCINNES, RICKY  
Address: 7000 NW 17TH ST UNIT 405  
City-St-Zip: PLANTATION, FL 33313

Title: MGRM ( ) Delete  
Name: WOLF, IAN  
Address: 151 SW 91 AVE APT 211  
City-St-Zip: PLANTATION, FL 33324

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Name: WOLF, IAN  
Address: 151 SW 91 AVE APT 211  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RICKY MCINNES

MGRM

07/27/2007

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