

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


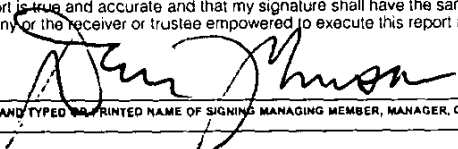
**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90190 037 \*\*\*\*50.00

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02262007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L05000051061</b>			
1. Entity Name <b>TEMPO COMPANY, LLC</b>			
Principal Place of Business <b>21 OLD CANYON LANE ORMOND BEACH, FL 32174 US</b>		Mailing Address <b>POB 730713 ORMOND BEACH, FL 32173 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>21 Old Canyon Lane</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Ormond Beach, FL 32174</b>	
Zip	Country	Zip	Country
<b>32174</b>		<b>32174</b>	<b>Volusia</b>
4. FEI Number <b>27-0125982</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>JOHNSON, DALE 21 OLD CANYON LANE ORMOND BEACH, FL 32174</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Regis. &amp; no Agent signature required when reinstating)</small> DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR JOHNSON, DALE 21 OLD CANYON LANE ORMOND BEACH, FL 32174</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: 		Date: <b>2/26/07</b> 386-566-0897	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	