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Secretary of State
05-11-2006 90016 034 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000075026

1. Entity Name
DAVID ADKINS INTERNATIONAL MARKETING, L.L.C.

Principal Place of Business	Mailing Address
5130 EISENHOWER BLVD., STE. 100 TAMPA FL 33634	5130 EISENHOWER BLVD., STE. 100 TAMPA FL 33634

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
5481 W WATERS AVE		← Same	
Suite, Apt. #, etc.: SUITE 100		Suite, Apt. #, etc.	
City & State: TAMPA FL		City & State	
Zip: 33634	Country: HILLSBOROUGH	Zip	Country

4. FEI Number: 20-3294006 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~COLLVER, KEVIN M~~ ~~13577 FEATHER SOUND DRIVE, STE. 550~~ ~~CLEARWATER FL 33762~~	Name: KATHY CORMIER Street Address (P.O. Box Number is Not Acceptable): 5481 W WATERS AVE SUITE 100 City: TAMPA FL Zip Code: 33634

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: Kathleen A Cormier DATE: 5/1/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADKINS, DAVID ~~5130 EISENHOWER BLVD., STE. 100~~ TAMPA FL 33634 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 5481 W WATERS AVE STE 100 TAMPA FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby 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.

SIGNATURE: Kathleen A Cormier 5/1/06 813 882-4448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #