

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095158

FILED
May 03, 2007
Secretary of State

Entity Name: FLORIDA PROPERTIES MARKETING GROUP, LLC

Current Principal Place of Business:

6289 W. SUNRISE BLVD
SUITE 120
FT LAUDERDALE, FL 33313

New Principal Place of Business:

7512 PEMBROKE RD
FT LAUDERDALE, FL 33023

Current Mailing Address:

6289 W. SUNRISE BLVD
SUITE 120
FT LAUDERDALE, FL 33313

New Mailing Address:

7512 PEMBROKE RD
FT LAUDERDALE, FL 33023

FEI Number: 71-1008406 **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:

WISE, SHIRLEY
6289 W. SUNRISE BLVD
SUITE 120
FT LAUDERDALE, FL 33313 US

Name and Address of New Registered Agent:

WISE, SHIRLEY
7512 PEMBROKE RD
FT LAUDERDALE, FL 33023 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: SHIRLEY WISE

05/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WISE, SHIRLEY
Address: 6289 W. SUNRISE BLVD, #120
City-St-Zip: FT LAUDERDALE, FL 33313

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WISE, SHIRLEY
Address: 7512 PEMBROKE RD
City-St-Zip: FT LAUDERDALE, FL 33023

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: SHIRLEY WISE

MGRM

05/03/2007

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