


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # L05000104581 1. Entity Name TRADUCTIONS, LLC	
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Principal Place of Business P.O. BOX 3666 ORLANDO, FL 32802	Mailing Address P.O. BOX 3666 ORLANDO, FL 32802
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 02-0762452	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**DRAVES, DONNA L ESQ.
120 EAST CONCORD STREET
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

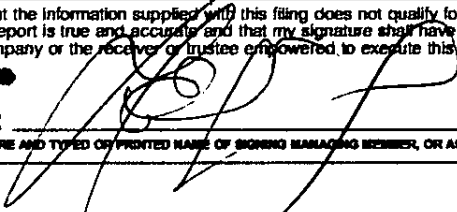
FILE NOW!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000786854
01/17/08-80054-020 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EPARVIER, JACQUELINE PO BOX 3666 ORLANDO, FL 32802
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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:  **01/11/08** **407-243-2442**

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