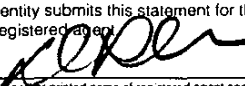


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90358 020 ****50.00

DOCUMENT # L05000107914 1. Entity Name PADC FLORIDA MARKETING, LLC					
Principal Place of Business 550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134			Mailing Address 550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 83-0439328	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WATTS-FITZGERALD, ABIGAIL C C/O HUNTON & WILLIAMS, LLP 1111 BRICKELL AVE., SUITE 2500 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name M+W AGENTS, INC Street Address (P.O. Box Number is Not Acceptable) 2101 CORPORATE BLVD. #107 City BOCA RATON FL Zip Code 33431	
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  DONALD R. TESCHER, PRESIDENT 4/17/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEEBLES, DONAHUE R 550 BILTMORE WAY, STE 970 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HOFFMAN, STUART K 550 BILTMORE WAY, STE 970 CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR VP GRIMM, DANIEL H 550 BILTMORE WAY, STE 970 CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/SECY GASKELL, JUDITH 550 BILTMORE WAY, STE 970 CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, CFO JUDITH GASKELL 550 BILTMORE WAY, STE 970 CORAL GABLES, FL 33134	<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:  JUDITH GASKELL 4/21/07 (305) 442-4342 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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