


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000108670</b> 1. Entity Name CONVERSE PREMIUM SERVICES, LLC		
Principal Place of Business 6565 SUPERIOR AVE SARASOTA, FL 34231	Mailing Address 6565 SUPERIOR AVE SARASOTA, FL 34231	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CONVERSE, NICOLE C 6565 SUPERIOR AVE SARASOTA, FL 34231		<b>DO NOT WRITE IN THIS SPACE</b>
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: <u>Nicole C. Converse</u> <u>President</u> <u>Dec 29, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2007 <div style="text-align: right;">000000573945 01/10/07-80027-018 50.00</div>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CONVERSE, NICOLE C 6565 SUPERIOR AVE SARASOTA, FL 34231	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CONVERSE, JEFFREY B 6565 SUPERIOR AVE SARASOTA, FL 34231	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>[Signature]</u> <u>12/29/06</u> <u>202-622-8900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		