


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90225 004 ****50.00

DOCUMENT # L05000109641	
1. Entity Name NUTCRACKER MARKETING, L.L.C.	

Principal Place of Business 6520 PINECASTLE ROAD ORLANDO, FL 32807 US	Mailing Address 6520 PINECASTLE ROAD ORLANDO, FL 32807 US
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2. Principal Place of Business 6520 Pinecastle Blvd.	3. Mailing Address 6520 Pinecastle Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando FL	City & State Orlando FL
Zip 32809-6681	Zip 32809-6681
Country USA	Country USA



01072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3787910	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent VAN DE VELDE, DAVID H 6520 PINECASTLE ROAD ORLANDO, FL 32807	7. Name and Address of New Registered Agent Name David H van de Velde Street Address (P.O. Box Number is Not Acceptable) 6520 Pinecastle Blvd. City Orlando FL Zip Code 32809-6681
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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 David H van de Velde, Manager	DATE 1/10/06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN DE VELDE, DAVID H 6520 PINECASTLE ROAD ORLANDO, FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6520 Pinecastle Blvd. Orlando FL 32809-6681
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRADY, GARY 117-43 FARMERS' BLVD. ST. ALBANS, NY 11412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: David H van de Velde, Manager	812-8571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Date 1-17-06	Daytime Phone # 8am