

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000112922	
1. Entity Name CATEGORY 5 ADVERTISING & DESIGN, LLC	
Principal Place of Business 5103 NORTH BRANCH AVENUE TAMPA, FL 33603 US	Mailing Address 5103 NORTH BRANCH AVENUE TAMPA, FL 33603 US



02132008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3827825	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

**ROSENE, JAMES
5103 NORTH BRANCH AVENUE
TAMPA, FL 33603**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSENE, JAMES 9530 CAVENDISH DRIVE TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STAPLETON, JOHN 11608 RENAISSANCE VIEW COURT TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAYNES, CYNTHIA 5103 NORTH BRANCH AVENUE TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000878102
04/14/08-80041-004 138.75

**DO NOT WRITE
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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/30/08

Date

813-746-3854

Daytime Phone #