

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000115640

FILED
Aug 23, 2007
Secretary of State**Entity Name:** CHALLENGE ME, LLC**Current Principal Place of Business:**809 KRISWELL COURT
PALM HARBOR, FL 34683 US**New Principal Place of Business:**1492 ALTERNATE 19
PALM HARBOR, FL 34683 US**Current Mailing Address:**809 KRISWELL COURT
PALM HARBOR, FL 34683 US**New Mailing Address:**1492 ALTERNATE 19
PALM HARBOR, FL 34683 US**FEI Number:** 20-3883566**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TUCKER, DAVID B
809 KRISWELL COURT
PALM HARBOR, FL 34683 US**Name and Address of New Registered Agent:**TUCKER, DAVID B
1492 ALTERNATE 19
PALM HARBOR, FL 34683 US

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.

SIGNATURE: DAVID B TUCKER

08/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: TUCKER, DAVID B
Address: 809 KRISWELL COURT
City-St-Zip: PALM HARBOR, FL 34683**Title:** MGRM (X) Delete
Name: TUCKER, STEVEN J
Address: 14056 FOREST CREST DRIVE
City-St-Zip: CHESTERFIELD, MO 63017**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: TUCKER, DAVID B
Address: 1492 ALTERNATE 19
City-St-Zip: PALM HARBOR, FL 34683**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 B TUCKER

MGRM

08/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date