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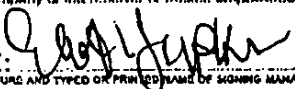
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FILED
Jun 25, 2007 8:00 am
Secretary of State

05-02-2007 90342 049 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

57

DOCUMENT # L06000002510 1. Entity Name BUY IT WISE, LLC																																																																	
Principal Place of Business 2600 S. FEDERAL HIGHWAY DELRAY, FL 33483			Mailing Address 2600 S. FEDERAL HIGHWAY DELRAY, FL 33483																																																														
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		30011179 																																																													
4. Filing Number 20-4204425				Applicable Not Applicable																																																													
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent LUPKIN, ELIOT J 1975 E. SUNRISE BLVD. #509 FT. LAUDERDALE, FL 33304																																																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 Date																																																																	
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State																																																														
9. MANAGING MEMBER/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY, ST, ZIP</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td>MGR LUPKIN, ELIOT J</td> <td>1975 E. SUNRISE BLVD., SUITE 509</td> <td>FT. LAUDERDALE, FL 33304</td> <td></td> </tr> <tr> <td></td> <td>MGR BOULOS, YOUSSEF K</td> <td>18911 COLLINS AVENUE, #2801</td> <td>SUNNY ISLES, FL 33483</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ Delete		MGR LUPKIN, ELIOT J	1975 E. SUNRISE BLVD., SUITE 509	FT. LAUDERDALE, FL 33304			MGR BOULOS, YOUSSEF K	18911 COLLINS AVENUE, #2801	SUNNY ISLES, FL 33483						☐ Delete					☐ Delete					☐ Delete	10. ADDITIONS/CHANGES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY, ST, ZIP</td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ Change ☐ Addition					☐ Change ☐ Addition					☐ Change ☐ Addition					☐ Change ☐ Addition					☐ Change ☐ Addition					☐ Change ☐ Addition
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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 605, Florida Statutes.																																																																	
SIGNATURE: 			Date: 4/26/07 954-207-2000																																																														