

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006284

FILED
Sep 05, 2007
Secretary of State

Entity Name: LIVINGSTON VIRTUAL MARKETING AND EVENTS PLANNING, LLC

Current Principal Place of Business:

1000 VIZCAYA LAKES ROAD
202
OCOOEE, FL 34761 US

New Principal Place of Business:

1601 JOHNS LAKE ROAD
STE. 811
CLERMONT, FL 34711 US

Current Mailing Address:

P.O. BOX 700
OCOOEE, FL 34761

New Mailing Address:

1601 JOHNS LAKE ROAD
STE. 811
CLERMONT, FL 34711 US

FEI Number: 20-4151505 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCEL RATH, JOHANNA M
1000 VIZCAYA LAKES ROAD
202
OCOOEE, FL 34761 US

Name and Address of New Registered Agent:

LIVINGSTON, JOHANNA M
1601 JOHNS LAKE ROAD
STE. 811
CLERMONT, FL 34711 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: JOHANNA MCEL RATH LIVINGSTON

09/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCEL RATH, JOHANNA M
Address: P.O. BOX 700
City-St-Zip: OCOOEE, FL 347610700 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LIVINGSTON, JOHANNA M
Address: 1601 JOHNS LAKE ROAD, #811
City-St-Zip: CLERMONT, FL 34711 US

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: JOHANNA MCEL RATH LIVINGSTON

MGRM

09/05/2007

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