2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# L06000020738

Entity Name: PICNICSUPPLIER.COM LLC

Current Principal Place of Business:

12221 SUNSET POINT CIRCLE
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

12221 SUNSET POINT CIRCLE
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 20-4428355 **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:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LIVINGSTON, MEGAN
Address: 12221 SUNSET POINT CIRCLE
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM ( ) Delete
Name: LIVINGSTON,
Address: 12221 SUNSET POINT CIRCLE
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: LIVINGSTON, THOMAS
Address: 12221 SUNSET POINT CIRCLE
City-St-Zip: WELLINGTON, FL 33414 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: MEGAN LIVINGSTON MGRM 05/02/2007

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