

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040137

Entity Name: HANDBAGS.ORG LLC

FILED  
Jan 08, 2007  
Secretary of State

## Current Principal Place of Business:

1936 BRUCE B. DOWNS BLVD. # 505  
WESLEY CHAPEL, FL 33543 US

## Current Mailing Address:

1936 BRUCE B. DOWNS BLVD. # 505  
WESLEY CHAPEL, FL 33543 US

## New Principal Place of Business:

1936 BRUCE B. DOWNS BLVD.  
# 505  
WESLEY CHAPEL, FL 33543 US

## New Mailing Address:

1936 BRUCE B. DOWNS BLVD.  
# 505  
WESLEY CHAPEL, FL 33543 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMES, JOSEPH  
1936 BRUCE B. DOWNS BLVD. # 505  
WESLEY CHAPEL, FL 33543 US

## Name and Address of New Registered Agent:

AMES, JOSEPH MGR  
1936 BRUCE B. DOWNS BLVD.  
# 505  
WESLEY CHAPEL, FL 33543 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: JOSEPH AMES

01/08/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: AMES, JOSEPH  
Address: 1936 BRUCE B. DOWNS BLVD. # 505  
City-St-Zip: WESLEY CHAPEL, FL 33543 US

## ADDITIONS/CHANGES:

Title: MR (X) Change ( ) Addition  
Name: AMES, JOSEPH MGR  
Address: 1936 BRUCE B. DOWNS BLVD.  
City-St-Zip: WESLEY CHAPEL, FL 33543 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH AMES

MR

01/08/2007

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