


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90033 044 ****50.00

DOCUMENT # L06000040485 1. Entity Name MY.COM, LLC																																			
Principal Place of Business 6901 PROFESSIONAL PARKWAY E. SUITE 100 SARASOTA, FL 34240		Mailing Address 6901 PROFESSIONAL PARKWAY E. SUITE 100 SARASOTA, FL 34240																																	
2. Principal Place of Business - No P.O. Box # 3940 Red Rock Way		3. Mailing Address P.O. Box 19109																																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																	
City & State SARASOTA, FL		City & State SARASOTA, FL																																	
Zip 34231	Country USA	Zip 34276	Country USA																																
4. FEI Number 20-4373017		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																																	
6. Name and Address of Current Registered Agent DOERR, KENNETH D 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Todd Smith Street Address (P.O. Box Number is Not Acceptable) 3940 Red Rock Way City SARASOTA FL Zip Code 34231																																	
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 <u>Todd Smith, Operating mgr</u> DATE <u>1-31-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> MGR SMITH, TODD 2477 STICKNEY POINT ROAD, SUITE 311-B SARASOTA, FL 34231 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, TODD 2477 STICKNEY POINT ROAD, SUITE 311-B SARASOTA, FL 34231 <input type="checkbox"/> Delete															10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3940 RED ROCK WAY SARASOTA, FL 34231 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3940 RED ROCK WAY SARASOTA, FL 34231														
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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 608, Florida Statutes. SIGNATURE: <u>Todd Smith, Operating mgr</u> 1-31-07 941951-6555 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																			