FILED
May 31, 2007 8:00 am
Secretary of State

05-02-2007 90356 006 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000052022

1. Entity Name
SUBSCRIPT LLC

3000J...

Principal Place of Business	Mailing Address
4713 SWINDELL ROAD LAKELAND, FL 33810 US	4713 SWINDELL ROAD LAKELAND, FL 33810 US

04302007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7409 Palmera Pointe Cir.	7409 Palmera Pointe Cir.
Suite, Apt. #, etc.: #101	Suite, Apt. #, etc.: 101
City & State: Tampa, Fl.	City & State: Florida, Tampa
Zip: 33615 Country: USA	Zip: 33615 Country: USA

4. FEI Number 20-4924195 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OBRIEN, MARYELLEN
4713 SWINDELL ROAD
LAKELAND, FL 33810

7. Name and Address of New Registered Agent

Name: [illegible]
Street Address (P.O. Box Number is Not Acceptable): 7409 Palmera Pointe Circle
#101
City: Tampa FL Zip Code: 33615

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: ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OBRIEN, MARYELLEN 4713 SWINDELL ROAD LAKELAND, FL 33810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	#101 7409 Palmera Pointe Circle Tampa, Florida 33615	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Maryellen O'Brien 04/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #