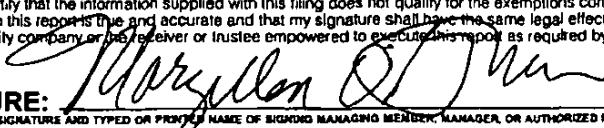


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

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

DOCUMENT # L06000052022 1. Entity Name SUBSCRIPT LLC			
Principal Place of Business 4713 SWINDELL ROAD LAKELAND, FL 33810 US		Mailing Address 4713 SWINDELL ROAD LAKELAND, FL 33810 US	
2. Principal Place of Business - No P.O. Box # 7409 Palmera Pointe Cir. #101		3. Mailing Address 7409 Palmera Pointe Cir. #101	
City & State TAMPA, FL		City & State Florida, TAMPA	
Zip 33615 USA		Zip 33615 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: APB 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 _____ (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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: 04/30/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			