

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065869

Entity Name: FOOTPRINTS LLC

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

2301 STIRLING ROAD
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

2301 STIRLING ROAD
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 20-5129664 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:

MARK, ROBERT
3341 N. 47TH AVE.
HOLLYWOOD, FL 33021 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: MARK, ROBERT
Address: 3341 N. 47TH AVE.
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR (X) Delete
Name: MARK, DAVID J
Address: 5001 N. 37TH ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR (X) Delete
Name: STEIN, CLIFFORD
Address: 950 N. NORTHLAKE DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES:

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

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

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

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: ROBERT MARK

MGRM

05/02/2007

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