

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000089153

Entity Name: 2U COLLECTION, LLC

FILED
Sep 13, 2007
Secretary of State

Current Principal Place of Business:

940 DOUGLAS AVE
#143
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

940 DOUGLAS AVE
#143
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 56-2610392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORELLI, AMY
940 DOUGLAS AVE.
#143
ALTAMONTE SPRINGS, FL 32714 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: ALASTRA, ANNA
Address: 940 DOUGLAS AVE. #143
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM (X) Delete
Name: MORELLI, AMY
Address: 940 DOUGLAS AVE. #143
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MORELLI, AMY
Address: 940 DOUGLAS AVE. #143
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: AMY MORELLI

MGRM

09/13/2007

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