

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090136

FILED
Apr 30, 2007
Secretary of State

Entity Name: FLICKERZ, LLC

Current Principal Place of Business:

648 FITZWALTER DR
WINTER PARK, FL 32792

New Principal Place of Business:

4661 N SAINT BRIDES CIR
ORLANDO, FL 32812

Current Mailing Address:

PO BOX 4723
WINTER PARK, FL 32793 47

New Mailing Address:

4661 N SAINT BRIDES CIR
ORLANDO, FL 32812

FEI Number: 20-5538668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY, DENISE E
4661 N SAINT BRIDES CIR
ORLANDO, FL 32812 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: MAY, DENISE E
Address: 4661 N SAINT BRIDES CIR
City-St-Zip: ORLANDO, FL 32812

Title: MGRM () Delete
Name: COPENHAVER, HEATHER E
Address: 4661 N SAINT BRIDES CIR
City-St-Zip: ORLANDO, FL 32812

Title: MGRM (X) Delete
Name: WIER, TRESA I
Address: 648 FITZWALTER DR
City-St-Zip: WINTER PARK, FL 32792

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: DENISE MAY

MGRM

04/30/2007

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