2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L06000092407

Entity Name: THE ULTIMATE SHOWCASE, LLC

Current Principal Place of Business:

7660 WESTWOOD DRIVE
STE #615
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

C/O L M KILLEEN
PO BOX 270124
TAMPA, FL 33688 US

New Mailing Address:

FEI Number: 20-5574881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

HICKMAN, JUANA
7660 WESTWOOD DRIVE
STE #615
TAMARAC, FL 33321 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: HICKMAN, JUANA
Address: 7660 WESTWOOD DRIVE STE #615
City-St-Zip: TAMARAC, FL 33321 US

Title: MGRM ( ) Delete
Name: KILLEEN, LIZLAURA M
Address: 7660 WESTWOOD DRIVE STE # 615
City-St-Zip: TAMARAC, FL 33321 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: KILLEEN, LIZLAURA M
Address: 7508 WOODLAND OAKS COURT
City-St-Zip: TAMPA, FL 33615 US

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: LIZLAURA KILLEEN MGRM 05/01/2007

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