

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104179

Entity Name: MARKETING GNOME, LLC

FILED
Jan 21, 2008
Secretary of State

Current Principal Place of Business:

283 HEMINGWAY DRIVE
OLDSMAR, FL 34677 US

New Principal Place of Business:

60 IVY TERRACE
OLDSMAR, FL 34677 US

Current Mailing Address:

283 HEMINGWAY DRIVE
OLDSMAR, FL 34677 US

New Mailing Address:

60 IVY TERRACE
OLDSMAR, FL 34677 US

FEI Number: 65-1296828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEHEB, JOHN M
283 HEMINGWAY DRIVE
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

GEHEB, JOHN M
60 IVY TERRACE
OLDSMAR, FL 34677 US

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:

01/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GEHEB, JOHN M
Address: 283 HEMINGWAY DRIVE
City-St-Zip: OLDSMAR, FL 34677 US

Title: MGR () Delete
Name: GEHEB, MICHELLE K
Address: 283 HEMINGWAY DRIVE
City-St-Zip: OLDSMAR, FL 34677 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GEHEB, JOHN M
Address: 60 IVY TERRACE
City-St-Zip: OLDSMAR, FL 34677 US

Title: MGR (X) Change () Addition
Name: GEHEB, MICHELLE K
Address: 60 IVY TERRACE
City-St-Zip: OLDSMAR, FL 34677 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: JOHN M. GEHEB

MGR

01/21/2008

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