


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90031 001 ****55.00

DOCUMENT # L06000108964	
1. Entity Name KREWE MARKETING LLC	

Principal Place of Business 13930 BRIARDALE LANE TAMPA, FL 33618	Mailing Address 13930 BRIARDALE LANE TAMPA, FL 33618
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2. Principal Place of Business - No P.O. Box # 209 S. Westland Ave Suite, Apt. #, etc. Suite ONE	3. Mailing Address 209 S. Westland Ave Suite, Apt. #, etc. Suite ONE
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City & State TAMPA, FL	City & State TAMPA, FL
Zip 33606	Country USA



07242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5870566	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent COOLEY, CHRISTINE D 13930 BRIARDALE LANE TAMPA, FL 33618	
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7. Name and Address of New Registered Agent Name Cooley, Christine D Street Address (P.O. Box Number is Not Acceptable) 209 S. Westland Ave # Suite ONE City TAMPA FL 33606	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO COOLEY, CHRISTINE D 13930 BRIARDALE LANE TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Cooley, Christine D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 209 S. Westland Ave Suite One Tampa, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Christine D Cooley Christine D Cooley 7/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #