


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90311 016 \*\*\*\*50.00

<b>DOCUMENT # L06000111181</b> 1. Entity Name <b>AUCTION ADVERTISING, LLC</b>					
Principal Place of Business <b>215 EAST MAIN STREET SUITE 400 BARTOW, FL 33830</b>			Mailing Address <b>215 EAST MAIN STREET SUITE 400 BARTOW, FL 33830</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FELS <b>20-5935986</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
5. Name and Address of Current Registered Agent  <b>SCOTT G. OGLESBY, LLC 215 EAST MAIN STREET SUITE 300 BARTOW, FL 33830</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 <u><i>Scott G. Oglesby</i></u> DATE <u>5/11/07</u> <small>(NOTE: Registered Agent signature required when registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OGLESBY, SCOTT G 1518 E FERN ROAD LAKELAND, FL 33830		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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	
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. <u><i>Scott G. Oglesby</i></u>					

ATTACHMENT

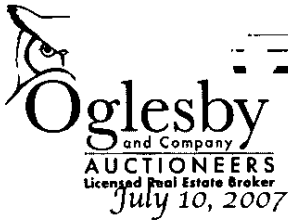
30011716

#LOG 000111181

<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-5935986 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested AUCTION ADVERTISING LLC					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name SCOTT G OGLESBY		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 215 E MAIN STREET			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code BARTOW FL 33830 -			5b City, state, and ZIP code		
6* County and state where principal business is located County POLK State FL					
7a Name of principal officer, general partner, grantor, owner, or trustor			7b SSN, ITIN, EIN		
8a* Type of entity (check only one) <input checked="" type="checkbox"/> Sole Proprietor (SSN) 265 : 61 : 8210 <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶ <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises		
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State		Foreign country	
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ Advertising Agency <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) NOV 18 2006			11 Closing month of accounting year		
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ..... ▶ JAN 1 2007					
13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "0" .....				Agriculture 0	Household 0
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input checked="" type="checkbox"/> Other (specify) Advertising <input type="checkbox"/> Retail					
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Advertising insertions into various media					
16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes" please complete lines 16b and 16c					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ SCOTT G OGLESBY LLC Trade name ▶ OGLESBY AND COMPANY AUCTIONEERS					
16c* Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN JAN 15 2006 Lakeland FL 20 - 5412604					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee	Designee's name Address and ZIP code			Designee's telephone number (include area code) ( ) - Designee's tax number (include area code) ( ) -	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)				Applicant's telephone number (include area code)	

ATTACHMENT

3001716



Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314

**Re: L06000111181**

To Whom It May Concern:

Per your original letter of May, 2007 and subsequent Notice to Dissolve. Please find enclosed the original paperwork sent in May as well as the required paperwork to backup the requested information needed to complete this report.

We have submitted a copy of the Application for Employer Identification Number which reflects our current number as requested.

If any other information is requested from us, please contact us immediately so that we can get this matter resolved.

Thank you for your assistance and cooperation in getting this straightened out.

Sincerely,

OGLESBY & COMPANY AUCTIONEERS



Sue Helms  
Office Manager