

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114433

Entity Name: WHOLESale DATA LLC

FILED  
Aug 11, 2008  
Secretary of State

## Current Principal Place of Business:

950 PENINSULA CORPORATE CIRCLE  
SUITE 2021  
BOCA RATON, FL 33487

## New Principal Place of Business:

425 NE 34TH ST  
BOCA RATON, FL 33431

## Current Mailing Address:

950 PENINSULA CORPORATE CIRCLE  
SUITE 2021  
BOCA RATON, FL 33487

## New Mailing Address:

425 NE 34TH ST  
BOCA RATON, FL 33431

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

LUNDE, DENNIS M CEO  
950 PENINSULA CORPORATE CIRCLE  
SUITE 2021  
BOCA RATON, FL 33487 US

## Name and Address of New Registered Agent:

LUNDE, DENNIS M RA  
425 NE 34TH ST  
BOCA RATON, FL 33431 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: DENNIS LUNDE

08/11/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: CEO ( ) Delete  
Name: LUNDE, DENNIS M  
Address: 950 PENINSULA CORPORATE CIRCLE  
City-St-Zip: BOCA RATON, FL 33487

## ADDITIONS/CHANGES:

Title: RA (X) Change ( ) Addition  
Name: LUNDE, DENNIS M  
Address: 425 NE 34TH ST  
City-St-Zip: BOCA RATON, FL 33431

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: DENNIS LUNDE

RA

08/11/2008

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