

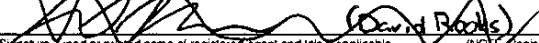
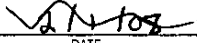



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90122 036 \*\*\*143.75

60006289

<b>DOCUMENT # L07000036831</b> 1. Entity Name <b>ROOKS ADVERTISING, LLC</b>					
Principal Place of Business 1001 THIRD AVE WEST, SUITE 480 BRADENTON, FL 34208			Mailing Address 1001 THIRD AVE WEST, SUITE 480 BRADENTON, FL 34208		
2. Principal Place of Business - No P.O. Box # <b>1001 Third Ave West</b> Suite, Apt. #, etc. <b>Suite 480</b>		3. Mailing Address <b>1001 Third Ave West</b> Suite, Apt. #, etc. <b>Suite 480</b>			
City & State <b>Bradenton, FL</b>		City & State <b>Bradenton, FL</b>		4. FEI Number <b>208802548</b>	
Zip <b>34205</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROOKS, DAVID</b> <b>6409 SPYGLASS LANE</b> <b>BRADENTON, FL 34202</b>				7. Name and Address of New Registered Agent Name <b>Rooks, David</b> Street Address (P.O. Box Number is Not Acceptable) <b>1001 Third Avenue West</b> <b>Suite 480</b> City <b>Bradenton, FL</b> Zip Code <b>34205</b>	
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  (David Rooks) DATE 					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>ROOKS, DAVID</b> <b>6409 SPYGLASS LANE</b> <b>BRADENTON, FL 34202</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Rooks, David</b> <b>1001 Third Avenue West, Suite 480</b> <b>Bradenton, FL 34205</b>	<input checked="" 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.					
SIGNATURE:  <b>mgr David Rooks</b> 2/1/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					