

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049195

Entity Name: REGGAE.COM L.L.C.

FILED
Aug 29, 2008
Secretary of State

Current Principal Place of Business:

2967 MYRTLE OAK CIRCLE
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

2967 MYRTLE OAK CIRCLE
DAVIE, FL 33328

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

BRODIE, MAUREEN
2967 MYRTLE OAK CIRCLE
DAVIE, FL 33328 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRODIE, JOHN A
Address: 2967 MYRTLE OAK CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: MGRM () Delete
Name: BRODIE, MAUREEN
Address: 2967 MYRTLE OAK CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: BRODIE, ALANA
Address: 2967 MYRTLE OAK CIRCLE
City-St-Zip: DAVIE, FL 33328

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 BRODIE

MGRM

08/29/2008

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