

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000000337

FILED
May 11, 2009
Secretary of State

Entity Name: PREFERRED MARKETING VENTURES, LLC

Current Principal Place of Business:

2811 NE 51ST ST SUITE 7
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

2811 NE 51ST ST
SUITE 7
FORT LAUDERDALE, FL 33308

Current Mailing Address:

2811 NE 51ST ST SUITE 7
FORT LAUDERDALE, FL 33308

New Mailing Address:

2811 NE 51ST ST
SUITE 7
FORT LAUDERDALE, FL 33308

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

FOSTER, TIMOTHY V
2811 NE 51ST ST SUITE 7
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

FOSTER, TIMOTHY V
2811 NE 51ST ST
SUITE 7
FORT LAUDERDALE, FL 33308 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:

05/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FOSTER, TIMOTHY V
Address: 2811 NE 51ST ST SUITE 7
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FOSTER, TIMOTHY V
Address: 2811 NE 51ST ST, SUITE 7
City-St-Zip: FORT LAUDERDALE, FL 33308

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: TIMOTHY V. FOSTER

PRES

05/11/2009

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