FILED
Apr 18, 2007 8:00 am
Secretary of State
03-29-2007 90180 006 ****50.00

3/2

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000000335

1. Entity Name
BOARD TALK WORLDWIDE, LLC

30005118

Principal Place of Business	Mailing Address
3119 HASSI POINT LONGWOOD, FL 32779	3119 HASSI POINT LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE

01102007No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3552101
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LEZBERG, MICHAEL D
3119 HASSI PT.
LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LEZBERG, MICHAEL
STREET ADDRESS	3119 HASSI POINT
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	MGR
NAME	LEZBERG, AMY
STREET ADDRESS	3119 HASSI POINT
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Michael D. Lezberg 4/7/07 407.256.7704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #