

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006226

FILED
Jul 28, 2008
Secretary of State

Entity Name: THE ULTIMATE CONNECTION, L.C.

Current Principal Place of Business:

18215 PAULSON DR.
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

Current Mailing Address:

200 EAST VENICE AVENUE
VENICE, FL 33980

New Mailing Address:

FEI Number: 65-0950738 FEI Number Applied For () 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:

Name and Address of New Registered Agent:

WALROND, ALAN L
200 EAST VENICE AVENUE
VENICE, FL 34285 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: SUN COAST MEDIA GROU, P, INC.
Address: 200 EAST VENICE
City-St-Zip: VENICE, FL 34285

Title: MGR () Delete
Name: DUNN-RANKIN, DEREK
Address: 200 E VENICE AVE
City-St-Zip: VENICE, FL 34285

Title: MGR () Delete
Name: WALROND, ALAN L
Address: 200 E VENICE AVE
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES:

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

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

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

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: ALAN L. WALROND

MGR

07/28/2008

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