

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006298

Entity Name: DIRECT.COM LLC

FILED  
Jan 21, 2009  
Secretary of State

**Current Principal Place of Business:**

2828 CORAL WAY,  
SUITE 440  
MIAMI, FL 33145

**New Principal Place of Business:****Current Mailing Address:**

2828 CORAL WAY,  
SUITE 440  
MIAMI, FL 33145

**New Mailing Address:**

FEI Number: 20-3782921      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAZARUS, LANCE J  
2828 CORAL WAY  
SUITE 440  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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: PRES ( ) Delete  
Name: LAZARUS, LANCE J  
Address: 2828 CORAL WAY, SUITE 440  
City-St-Zip: MIAMI, FL 33145

Title: CFO ( ) Delete  
Name: TRENCHER, LEWIS  
Address: 125 PARK AVENUE 4TH FLOOR  
City-St-Zip: NEW YORK, NY 10017 US

Title: VP ( ) Delete  
Name: FAJARDO, DOUGLAS  
Address: 2828 CORAL WAY SUITE 440  
City-St-Zip: MIAMI, FL 33145

Title: VP ( ) Delete  
Name: BRITO, ARTURO  
Address: 2828 CORAL WAY SUITE 440  
City-St-Zip: MIAMI, FL 33145

Title: VP ( ) Delete  
Name: GREENFIELD, PHILIP  
Address: 125 PARK AVENUE 4TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: VP ( ) Delete  
Name: NEUMAN, THOMAS O  
Address: 125 PARK AVENUE 4TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

**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:

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: OMAR GARCIA

FD

01/21/2009

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