2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005183

Entity Name: JENS PETSCHL US - ACTIVITIES LLC

Current Principal Place of Business:	**New Principal Place of Business:**
C/O CORPORATION SERVICE COMPANY 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808	

Current Mailing Address:	**New Mailing Address:**
C/O CORPORATION SERVICE COMPANY 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808	1500 BAY ROAD APT. 1530 MIAMI, FL 33139

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

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:

		ADDITIONS/CHANGES:	
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	PETSCHL, JENS	Name:	PETSCHL, JENS R
Address:	666 FIFTH AVENUE	Address:	1500 BAY ROAD, APT. 1530
City-St-Zip:	NEW YORK, NY 10103	City-St-Zip:	MIAMI, FL 33139
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	SEIDEL, ANNETT	Name:	SEIDEL, ANNETT
Address:	666 FIFTH AVENUE	Address:	1500 BAY ROAD, APT. 1530
City-St-Zip:	NEW YORK, NY 10103	City-St-Zip:	MIAMI, FL 33139

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: JENS PETSCHL   MGRM   04/27/2007
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date