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Jun 04, 2008 8:00 am
Secretary of State
04-30-2008 90032 049 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000000478

1. Entity Name
GRANDPARENTS.COM, LLC

30008763

Principal Place of Business	Mailing Address
5100 TOWN CENTER CIRCLE BOCA RATON, FL 33486	5100 TOWN CENTER CIRCLE BOCA RATON, FL 33486

04282008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2080 NW Boca Raton Blvd		2080 NW Boca Raton Blvd	
Suite, Apt. #, etc. Ste. 6		Suite, Apt. #, etc. Ste 6	
City & State Boca Raton Fl		City & State Boca Raton	
Zip 33431	Country Palm Bch	Zip Fl	Country Palm Bch

4. FEI Number 03-0398886 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUBIN, GARY 5100 TOWN CENTER CIRCLE BOCA RATON, FL 33486	Name GARY RUBIN Street Address (P.O. Box Number is Not Acceptable) 2080 NW Boca Raton Blvd Ste 6 City Boca Raton FL Zip Code 33431

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 [signature] 4/29/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TWS PARTNERSHIP 5100 TOWN CENTER CIRCLE BOCA RATON, FL 33486	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2080 NW Boca Raton Blvd Ste 6 Boca Raton, Fl 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LASER PARTNERS I, LP 5100 TOWN CENTER CIRCLE BOCA RATON, FL 33486	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2080 NW Boca Raton Blvd Ste. 6 Boca Raton, Fl 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #