
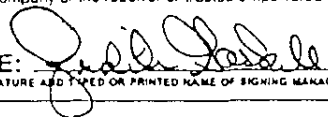


**FILED**  
**May 24, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90249 028 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

|   |                          |                                 |   |  |   |
|---|--------------------------|---------------------------------|---|--|---|
| DOCUMENT # L02000009028   |                          |                                 |   |         |   |
| 1. Entity Name<br>PADC MARKETING LLC  |                          |                                 |   |  |   |
| Principal Place of Business<br>550 BILTMORE WAY STE 970<br>CORAL GABLES, FL 33134   |                          |                                 | Mailing Address<br>550 BILTMORE WAY STE 970<br>CORAL GABLES, FL 33134 |  |   |
| 2. Principal Place of Business - No P.O. Box #  |                          | 3. Mailing Address              |   |  |   |
| Suite, Apt. #, etc.   |                          | Suite, Apt. #, etc.             |   |  |   |
| City & State  |                          | City & State                    |   | 4. FEI Number<br>01-0663732  |   |
| Zip   |                          | Country                         |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |   |
| 6. Name and Address of Current Registered Agent<br>REGISTERED AGENTS OF FLORIDA, LLC<br>100 S.E. 2ND ST., STE. 3500<br>MIAMI, FL 33131  |                          |                                 | 7. Name and Address of New Registered Agent                           |  |   |
|   |                          |                                 | Name  |  |   |
|   |                          |                                 | Street Address (P.O. Box Number is Not Acceptable)                    |  |   |
|   |                          |                                 | City  |  |   |
|   |                          |                                 | FL Zip Code   |  |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>  |                          |                                 |   |  |   |
| Filing Fee is \$50.00<br>Due by May 1, 2007   |                          |                                 | Make check payable to<br>Florida Department of State                  |  |   |
| 9. MANAGING MEMBERS/MANAGERS  |                          |                                 |   | 10. ADDITIONS/CHANGES  |   |
| TITLE   | MGRM                     | <input type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | PEEBLES, R.D.            |                                 |   | NAME   |   |
| STREET ADDRESS  | 550 BILTMORE WAY STE 970 |                                 |   | STREET ADDRESS   |   |
| CITY - ST - ZIP   | CORAL GABLES, FL 33134   |                                 |   | CITY - ST - ZIP  |   |
| TITLE   |                          | <input type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                          |                                 |   | NAME   |   |
| STREET ADDRESS  |                          |                                 |   | STREET ADDRESS   |   |
| CITY - ST - ZIP   |                          |                                 |   | CITY - ST - ZIP  |   |
| TITLE   |                          | <input type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                          |                                 |   | NAME   |   |
| STREET ADDRESS  |                          |                                 |   | STREET ADDRESS   |   |
| CITY - ST - ZIP   |                          |                                 |   | CITY - ST - ZIP  |   |
| TITLE   |                          | <input type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                          |                                 |   | NAME   |   |
| STREET ADDRESS  |                          |                                 |   | STREET ADDRESS   |   |
| CITY - ST - ZIP   |                          |                                 |   | CITY - ST - ZIP  |   |
| TITLE   |                          | <input type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                          |                                 |   | NAME   |   |
| STREET ADDRESS  |                          |                                 |   | STREET ADDRESS   |   |
| CITY - ST - ZIP   |                          |                                 |   | CITY - ST - ZIP  |   |
| 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:   |                          | JUDITH GASKELL<br>VP CFO        |   | 4/16/07 (305) 442-4342   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |                          | <small>Date</small>             |   | <small>Driving Permit #</small>  |   |