

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043540

FILED
Apr 29, 2008
Secretary of State

Entity Name: PROGRAM YOUR PURCHASE L.L.C.

Current Principal Place of Business:

4417 WHITE OAK CIR
KISSIMMEE, FL 347465836 US

New Principal Place of Business:

Current Mailing Address:

4417 WHITE OAK CIR
KISSIMMEE, FL 347465836 US

New Mailing Address:

FEI Number: 20-8989640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZANOTTI, SERGIO
4417 WHITE OAK CIR
KISSIMMEE, FL 347465836 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: MGRM () Delete
Name: ZANOTTI, SERGIO
Address: 4417 WHITE OAK CIR
City-St-Zip: KISSIMMEE, FL 347465836 US

Title: MGRM () Delete
Name: SANCHEZ, DANIEL J
Address: RES VERONA APTO 5A AV 129A LA TRIGALEÑA
City-St-Zip: VALENCIA, CA 02001 VE

Title: MGRM () Delete
Name: PENSO, LUIS E
Address: RES MADRE SELVA APTO 12A AV 110 LOS MANGOS
City-St-Zip: VALENCIA, CA 02001 VE

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: SERGIO ZANOTTI

MGRM

04/29/2008

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