

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90691 005 ****50.00

0035651

DOCUMENT # L01000022185

1. Entity Name
MARTIN CONNELL PUBLISHING, LLC



Principal Place of Business Mailing Address

**11405 SECOND STREET, EAST
UNIT #2
TREASURE ISLAND FL 33706**

**11405 SECOND STREET, EAST
UNIT #2
TREASURE ISLAND FL 33706**

2. Principal Place of Business 3. Mailing Address

**7113 Gateshead Circle
Suite, Apt. #, etc.
Apt. 7
City & State
Orlando, FL
Zip
32822 Country
USA**

**7113 Gateshead Circle
Suite, Apt. #, etc.
Apt. 7
City & State
Orlando, FL
Zip
32822 Country
USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **46-0486081** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

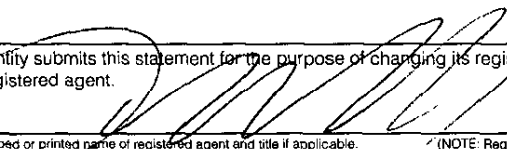
**CONNELL, MARTIN J
11405 SECOND STREET, EAST
UNIT #2
TREASURE ISLAND FL 33706**

7. Name and Address of New Registered Agent

Name **Martin J. Connell**

Street Address (P.O. Box Number is Not Acceptable)
**7113 Gateshead Circle
Apt. 7
City
Orlando FL Zip Code
32822**

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 **04/25/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

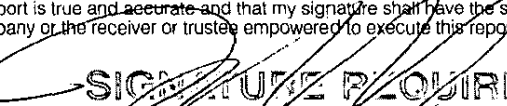
9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	CONNELL, MARTIN J	11405 SECOND STREET, EAST, UNIT #2	TREASURE ISLAND FL 33706	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	Connell, Martin J	7113 Gateshead Circle # 7	Orlando, FL 32822	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **04/25/03** Daytime Phone # **727-686-3091**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)