

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 20, 2004 8:00 am
Secretary of State

04-27-2004 90018 026 ****55.00

DOCUMENT # L03000010044
 1. Entity Name
PLAIN THINKING PUBLISHERS, LLC



Principal Place of Business: **4000 ST. JOHNS AVENUE SUITE 11-C JACKSONVILLE FL 32205 US**
 Mailing Address: **4000 ST. JOHNS AVENUE SUITE 11-C JACKSONVILLE FL 32205 US**

04000011



MOORE CR2E083 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **20-1350068** Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
~~CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301~~

7. Name and Address of New Registered Agent
 Name: **CLARK S. COOGAN**
 Street Address (P.O. Box Number is Not Acceptable): **4000 ST. JOHNS AVENUE SUITE 11-C**
 City: **JACKSONVILLE FL** Zip Code: **32205**

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: *Clark S. Coogan* **CLARK S. COOGAN** DATE: **4/26/04**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM COOGAN, CLARK S 1757 TALBOT AVENUE JACKSONVILLE FL 32205	
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 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
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 60B, Florida Statutes.
 SIGNATURE: *Clark S. Coogan* **CLARK S. COOGAN** DATE: **4/26/04** 904-349-4245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE