


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90039 007 \*\*\*\*55.00

**DOCUMENT # L03000010044**

1. Entity Name  
**PLAIN THINKING PUBLISHERS, LLC**



Principal Place of Business <b>4000 ST. JOHNS AVENUE          SUITE 11-C          JACKSONVILLE FL 32205          US</b>	Mailing Address <b>4000 ST. JOHNS AVENUE          SUITE 11-C          JACKSONVILLE FL 32205          US</b>
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2. Principal Place of Business <b>1757 TALBOT AVENUE</b> Suite, Apt. #, etc.	3. Mailing Address <b>1757 TALBOT AVENUE</b> Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/05)

City & State <b>JACKSONVILLE FL</b>	City & State <b>JACKSONVILLE FL</b>	4. FEI Number <b>20-1350068</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32205</b>	Country <b>FLORIDA</b>	Zip <b>32205</b>	Country <b>FLORIDA</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**COOGAN, CLARK S.  
 4000 ST. JOHNS AVENUE  
 STE 11-C  
 JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1757 TALBOT AVENUE  
 JACKSONVILLE  
 FL 32205**

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.

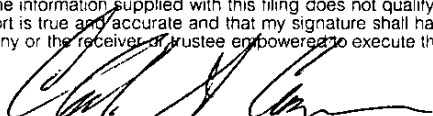
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COOGAN, CLARK S 1757 TALBOT AVENUE JACKSONVILLE FL 32205</b> <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
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
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 exemptions contained in Section 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:**  **CLARK S. COOGAN**  
 MGRM

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