


**2007 LIMITED LIABILITY COMPANY,
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 A
Secretary of State

DOCUMENT # L03000037617	
1. Entity Name WELLINGTON THE MAGAZINE, LLC	

Principal Place of Business 12230 W. FOREST HILL BLVD, SUITE 300 WELLINGTON, FL 33414	Mailing Address 12230 W. FOREST HILL BLVD., SUITE 300 WELLINGTON, FL 33414
-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



02132007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 36-4542176	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent
BLATTE, LEW 12230 FOREST HILL BLVD., STE 300 WELLINGTON, FL 33414

**DO NOT WRITE
IN THIS SPACE**

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: *Lea Blatte* DATE: 2/13/07

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

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000637315
02/26/07-80055-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLATTE, LEW 12230 W. FOREST HILL BLVD, SUITE 300 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Lea Blatte* Date: 2/13/07 Daytime Phone #: 561-793-7606

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