


**2007 LIMITED LIABILITY COMPANY,  
ANNUAL REPORT**

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

<b>DOCUMENT # L03000037617</b>	
1. Entity Name <b>WELLINGTON THE MAGAZINE, LLC</b>	

Principal Place of Business <b>12230 W. FOREST HILL BLVD, SUITE 300 WELLINGTON, FL 33414</b>	Mailing Address <b>12230 W. FOREST HILL BLVD., SUITE 300 WELLINGTON, FL 33414</b>
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**DO NOT WRITE IN THIS SPACE**



02132007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>36-4542176</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**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
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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 #