


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90117 036 ***138.75

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		
2. Principal Place of Business - No P.O. Box # <i>12794 W FORREST HILL BLVD</i>			3. Mailing Address <i>12794 W FORREST HILL BLVD</i>		
Suite, Apt. #, etc. <i>SUITE 31</i>			Suite, Apt. #, etc. <i>SUITE 31</i>		
City & State <i>WELLINGTON FL</i>			City & State <i>WELLINGTON FL</i>		
Zip <i>33414</i>		Country <i>PALM BEACH</i>		Zip <i>33414</i>	
Country <i>PALM BEACH</i>		Country <i>PALM BEACH</i>		4. FEI Number 36-4542176	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BLATTE, LEW 12230 FOREST HILL BLVD., STE 300 WELLINGTON, FL 33414				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BLATTE, LEW 12230 W. FOREST HILL BLVD, SUITE 300 WELLINGTON, FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>MGR BLATTE LEW 12794 W FORREST HILL BLVD SUITE 31 WELLINGTON FL 33414</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	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 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: <i>Gayle...</i> _____ Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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01302008 Chg-LLC CR2E083 (12/06)

4. FEI Number 36-4542176 Applied For Not Applicable

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

FL Zip Code

PAID
3/19/08