2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 02, 2006 08:00 AM DOCUMENT # L04000086863 **Secretary of State** B/S PUBLICATIONS LLC Principal Place of Business Mailing Address 2416 N. ESSEX AVE. 2416 N. ESSEX AVE. HERNANDO, FL 34442 HERNANDO, FL 34442 01172006 No Chg-LLC GR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1966079 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLARDY, JOHN S III DO NOT WRITE 521 W. FORT ISLAND TRAIL PLANTATION POINTE, SUITE A IN THIS SPACE CRYSTAL RIVER, FL 34429 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. (am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) U00000415921 Filing Fee is \$50.00 Due by May 1, 2006 02/11/06-80100-025 50.00 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME CROWLEY, ROBERT P STREET ADDRESS 708 W. TOUCAN LOOP CITY-ST-ZIP HERNANDO, FL 34442 TITLE SOLOVICH, STANFORD A STREET ADDRESS 210 E. GLASSBORO CT. CITY-ST-ZIP HERNANDO, FL 34442 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MME NAME

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 fiability company or the receives of trustee approximation execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TITT F

STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED