

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90122 016 \*\*\*\*50.00

**DOCUMENT # L00000004935**

**1. Entity Name**  
SUMMA PUBLISHING GROUP II, LLC



**Principal Place of Business**  
515 N. FLAGLER DR, #600  
WEST PALM BEACH, FL 33401

**Mailing Address**  
515 N. FLAGLER DR, #600  
WEST PALM BEACH, FL 33401

**24063084**



**2. Principal Place of Business**  
2424 N. Federal Highway

**3. Mailing Address**  
2424 N. Federal Highway

Suite, Apt. #, etc.  
Suite 462

Suite, Apt. #, etc.  
Suite 462

04302004 Chg-LLC CR2E083 (10/03)

**City & State**  
Boca Raton, Florida

**City & State**  
Boca Raton, Florida

**4. FEI Number**  
65-1007074

**Applied For**  
Not Applicable

**Zip**  
33431

**Country**  
USA

**Zip**  
33431

**Country**  
USA

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

**6. Name and Address of Current Registered Agent**

SCOTT R. AUSTIN, P.A.  
515 N. FLAGLER DR, #600  
WEST PALM BEACH, FL 33401

**7. Name and Address of New Registered Agent**

**Name** SCOTT R. AUSTIN, P.A.  
**Street Address (P.O. Box Number is Not Acceptable)**  
2424 N FEDERAL HIGHWAY, SUITE 462  
**City** BOCA RATON **FL** **Zip Code** 33431

**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**

*Scott R. Austin as president of Scott R. Austin, P.A.* 4/26/04  
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, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

**TITLE** MGR ☐ Delete  
**NAME** AUSTIN, SCOTT R  
**STREET ADDRESS** 700 SO. FEDERAL HWY - STE.#200  
**CITY-ST-ZIP** BOCA RATON, FL 33432

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**10. ADDITIONS / CHANGES**

**TITLE** MGR/PRESIDENT ☒ Change ☐ Addition  
**NAME** AUSTIN, SCOTT R.  
**STREET ADDRESS** 2424 N. FEDERAL HIGHWAY, SUITE 462  
**CITY-ST-ZIP** BOCA RATON, FLORIDA 33431

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Scott R. Austin* President & Manager 4-26-04 954-4103760  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #