



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-11-2004 90213 004 ****50.00

DOCUMENT # L00000008669 1. Entity Name B.I. PUBLISHING, L.L.C.							
Principal Place of Business 575 SIR WALTER WAY NORTH FORT MYERS, FL 33917			Mailing Address PO BOX 508 PALMETTO, FL 34220				
2. Principal Place of Business <i>1005 RIVERSIDE DR</i>		3. Mailing Address <i>c/o Robert D. Royston, Jr.</i>		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">34000709</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> 01232004 Chg-LLC CR2E083 (10/03) </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 4. FEI Number 65-1027174 Applied For <input type="checkbox"/> Not Applicable </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required </div>			
Suite, Apt. #, etc. <i>P.O. Box 508</i>		Suite, Apt. #, etc. <i>P.O. Drawer 60205</i>					
City, State <i>PALMETTO, FL</i>		City, State <i>Fort Myers, FL</i>					
Zip <i>34220</i>		Country <i>USA</i>				Zip <i>33906</i>	
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 _____ (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				10. <i>Manager and Managing Member</i>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MBR SCOTT, JANET E 575 SIR WALTER WAY NORTH FORT MYERS, FL 33917			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>SCOTT, JANET E.</i> <i>P.O. BOX 508</i> <i>PALMETTO, FL 34220</i>		
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"/> Add		
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"/> Add		
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"/> Add		
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"/> Add		
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"/> Add		
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: <i>Janet E. Scott</i>				JANET E. SCOTT 2-2-2004 723-1250			