


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90301 045 \*\*\*\*50.00

<b>DOCUMENT # L00000008669</b>			
1. Entity Name B.I. PUBLISHING, L.L.C.			
Principal Place of Business 1005 RIVERSIDE DR P.O. BOX 508 PALMETTO, FL 34220		Mailing Address C/O ROBERT D. ROYSTON, JR. P.O. DRAWER 60205 FORT MYERS, FL 33906	
2. Principal Place of Business - No P.O. Box # 2103 Timothy Terrace		3. Mailing Address 2103 Timothy Ter.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Valrico, FL		City & State Valrico, FL	
Zip 33594	Country	Zip 33594	Country
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 Now Registered Agent Name JANET E. SCOTT Street Address (R.O. Box Number is Not Acceptable) 2103 Timothy TERRACE City Valrico FL Zip Code 33594	
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 Janet E Scott / Owner JANET E. SCOTT 1-30-2007 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRESH, JAMES M PO BOX 508 PALMETTO, FL 34220 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2103 Timothy Terrace Valrico, FL 33594 <input checked="" 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: Janet E Scott / Owner JAMES GRESH 1-25-2007		239/218-6084	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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4. FEI Number 65-1027174 Applied For Not Applicable

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