2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## DOCUMENT # L0000009488

1. Entity Name

## ENGLISH DISTRIBUTION, LLC



**FILED** Feb 20, 2007 08:00 AM Secretary of State

	•								
Principal Place	o of Business	Mailing Address			-1				
777 S. FLAGER DR. 900 W. WEST PALM BEACH FL 33401		777 S. FLAGER DR. 900 W. WEST PALM BEACH FL 33401							
2. Principal Place of Business - No P.O. Box #		3. Mailing Addross				);;;#1) BII WHII) BBIJI BBIII HH		#	1881 (III 1 <del>861</del>
Suile, Apt. #, alc.		Suite, Apt. #, otc.			1st MOORE CR2E083 (10/06)				
City & State		. City & State			4. FEI Number 65-1032148 Applied For Not Applicable				
Zip	Country	Zıp	Zip Country		5. Certificato of Status Dosirod See Required				
	6. Name and Address of Curren	Registered Agent	gistered Agent		7. Name and Address of New Registered Agent				
				Namo					
BROWN, MARK R 777 S. FLAGER DRIVE, SUITE 900 W. WEST PALM BEACH FL 33401				Street Addross (P.O. Box Number is Not Accoptable)					
WEST PALM BEACH FL 33401			•						
			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 Signature, typed or printed name of registered agent and tale # applicable (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$50.00									
Make Check Payable to Florida Department of State									
Due By May 1, 2007									
9.	MANAGING MEMB		10.			ADDITIONS	/CHANGES		
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NAM!	ENGLISH, CHESTER F	n 147	NAM			03/01/07-8	0016-051	. 50.00	
STREET ADDRESS CITY-ST-ZIP	777 S. FLAGER DRIVE SUITE 90 WEST PALM BEACH FL 33401	0 W.		FET ADDRESS '-ST-ZIP					
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<b>11.</b>   hereby o	cortify that the information supplied w	ith this filing does not qualify	for the ox	xemptions containe	od in Section 11	9, Florida Statutos.	I further corti	ly that the in	Normation

indicated on this report is true and supplied with this limit does not quality for the open legal effect as if made undor eath, that I am a managing member or manager of the limited liability company or the receiver or frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

561 317 6566 Dayuna Phone 4