## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004690

Entity Name: HIGHBRIDGE PUBLISHING LLC

FILED Mar 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

23 BULOW WOODS CIRCLE
PO BOX 389

23 BULOW WOODS CIRCLE
FLAGLER BEACH, FL 32136

FLAGLER BEACH, FL 32136

Current Mailing Address: New Mailing Address:

23 BULOW WOODS CIRCLE PO BOX 389 FLAGLER BEACH, FL 32136

FEI Number: 59-3716883 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COUNSELMAN, BEN
23 BULOW WOODS CR
PO BOX 389
FLAGLER BEACH, FL 32136 US

COUNSELMAN, BEN
23 BULOW WOODS CR
FLAGLER BEACH, FL 32136 US

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.

SIGNATURE: BEN COUNSELMAN 03/16/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 COUNSELMAN, BENJAMIN P MGR
 Name:

 Address:
 23 BULOW WOODS CIRCLE
 Address:

 City-St-Zip:
 FLAGLER BEACH, FL 32136 US
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

Name:COUNSELMAN, SUSAN N MGRMName:Address:23 BULOW WOODS CIRCLEAddress:City-St-Zip:FLAGLER BEACH, FL 32136 USCity-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BEN COUNSELMAN MGR 03/16/2007