## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Jan 31, 2008 08:00 AN **DOCUMENT # L01000008614 Secretary of State** 1. Entity Name **COWBOY PRESS LLC** Principal Place of Business Mailing Address P.O. BOX 3273 P.O. BOX 3273 BOCA RATON, FL 33427 BOCA RATON, FL 33427 01062008 No Chg-LLC CR2E083-(12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1119861 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARRIS, JONATHAN N DO NOT WRITE 22479 MARTELLA AVE. BOCA RATON, FL 33433 IN THIS SPACE 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME HARRIS, JONATHAN 22479 MARTELLA AVE STREET ADDRESS BOCA RATON, FL 33433 CITY-ST-ZIP TITLE U00000810157 02/08/08-80054-002 138.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 truples empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP