LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Jul 01, 2002 8:00 am Secretary of State

DOCUN 1. Entity Nam	UMENT # L01000010184 Name				07-01-2002 90355 011 ****50.00	
AIRPOR	RT NEWSPAPER PUB	LISHING GRO	UP, LL	c		
	O NOT WRITE	IN THIS S	PACE		969	0640
2. Principal Place of Business 3200 MATECUMBE KEY		3. Mailing Address 3200 MATECUMBE KEY				_
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number	Applied For
Zlp	GORDA, FL Country	PUNTA GORDA, FL Zip Country			65-1115546	Not Applicable \$5.00 Additional
33955	USA	_33955	USA		5. Certificate of Status Desired	Fee Required
		The second second	1.0	Name	7. Name and Address of Current Regis	stered Agent
	DO NOT WRITE IN THIS SPACE			T. CRAIG LIGIBEL Street Address (P.O. Box Number is Not Acceptable) 3200 MATECUMBE KEY		
		· # : 3 44 2位		City PUNTA	GORDA FL	Zip Code 33955
8. The above r	named entity submits this statement	for the purpose of changing	ng its register	ed office or re	egistered agent, or both, in the State of Florida	
SIGNATURE	Signature, typed or printed name of registe	ared agent and title if anoticob	•			
TOTAL	}	Make Check P	FEE IS \$50	epartment	of State	
9.	MANAGING MEMBEI	RS/MANAGERS	20.5	de a subset C	A William Committee of the Committee of	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM T. CRAIG LIGIBE 3200 MATECUMBE PUNTA GORDA, FL	KEY ·	STREE CITY-	ET ADDRESS ST-ZIP		######################################
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TILE AME		the second second	ITTE NAME		.	
TREET ADORESS			STREE CITY'S	TADORESS :		
1. I hereby ce:	rtify that the information supplied wit	h this fillna does not qualit	fy for the even	notion stated	in Section 119 (7/3Vi) Florida Statutes furth	per 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: TO CAN OCCUPANT OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE