2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L01000011377

1. Entity Name AMBÉR PUBLISHING, LLC



FILED ... Apr 13, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

10 SEAGATEDAVE PHIN NAFLES FL 34103 10 SEACATE DAVE

PHIN

NAPLES FL 34103



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04072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3732447 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHEFFY, EDWARD K 321 FIFTH AVE S NAPLES, FL 34102

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8	t. The above named en	ntity submits this stateme	nt for the purpose of changing i	ts registered office or register	red agent, or both, in the State of	of Florida. I am familiar with,	and accept
	the obligations of reg	gistered agent.					

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE. Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

04/13/04-80037-001 50.00

MANAGING MEMBERS/MANAGERS MGRM TERLE NAME PISTNER, PATRICIA 10 SEAGATE DR, PH 1N STREET ADDRESS CITY-ST-7IP NAPLES, FL 34103 3JTIS NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP III E MAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 fimited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

ation Viston, Marm, 4-7-04